



When Doctors Become Patients

Some Insights from the Other Side

Text by Dr Audra Fong

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It has been 26 years since I first entered medical school, bright eyed and bushy tailed, eager to answer what I believed was my calling in life. Till today, the immense privilege to be given a patient's trust to heal their ailments still humbles me greatly, and I am mindful of that with each and every consultation sought. Sometimes, however, there are challenging cases and situations that arise beyond my scope of expertise, and I would then have to advise patients that perhaps another opinion should be sought, for greater clarity of options available, aiming for the best ultimate outcome. I know that

not all doctors subscribe to the notion of recommending their patients to seek second or even third opinions. This is sometimes viewed as an admission of ignorance or fallibility, which may be a pride issue for some, or a loss of face for others. I do not value personal pride or face as such because I strongly believe, for reasons that I shall elaborate on later, that not one doctor can ever profess to know it all, and that sometimes, another medical opinion may just save one's life.

But what happens when we, as healers, fall sick? What do healers do when they are in need of healing?

A doctor in need of a healer

I have had a few close encounters with death. Externally, I look pretty much intact, but truth is, I have had a few left-sided organs removed in the last decade or so! The closest (and most frightening) encounter began right in the middle of moving into our first home about 15 years back. Everyone knows that moving house comes as a close second to divorce or the death of a loved one in terms of ranking on the stressfulness scale, and it was in the middle of this intense life event that I began spotting. Insidiously, persistently and painlessly, I spotted for a week. At the time, this was more of an annoyance than anything to a busy young wife and mother of an active toddler, who was juggling medical officer calls and traineeship demands. A week dragged into nearly two, till finally, while having a short breather post-call one day, I decided to check in with my then O&G physician, Dr S.

Dr S had been a great tutor back in medical school, highly respected for her skill and knowledge, yet somewhat feared for her strictness and “no nonsense air”. Not too long before, she had effortlessly and competently delivered my rather large firstborn safely, with nary a hint of perineal destruction in its aftermath (for which I was eternally grateful). I do apologise for the excessive information here for some, but this is purely to emphasise just how much I trusted Dr S in so many ways with my “woman issues” – totally unquestioning and with full trust in her professional judgement and capabilities.

Dr S diagnosed the stressed out and spotting me as having dysfunctional uterine bleeding, most likely brought on by the harrowing logistics of moving house. This was based purely on normal gynaecological anatomy on ultrasound. I accepted her diagnosis without question, was given some progesterone pills to take back home, and thought nothing more about the spotting. At that point, I did not even think about whether a urine pregnancy test (UPT) should have been done – hey, she was Dr S, after all, and I was just a second year eye trainee, with O&G pretty much left in the murky recesses of my preoccupied mind.

A few days later, in the middle of having dinner, I felt a sudden intense implosion within my abdomen, associated with a strange light-headedness, unlike anything I had experienced before. Being a doctor (and also coincidentally married to one), we naturally rationalised the few possible differential diagnoses – gas build-up from the curry dinner, possible early gastroenteritis or maybe even a dramatic mittelschmerz? However, within minutes, the pain intensified sufficiently to worry me, and I called Dr S's emergency hotline for a quick phone consult. Her advice was simple: “not to worry... only period pains” and to “take a Panadol and sleep it off”. Again, unquestioningly, I dragged myself upstairs, dutifully took the analgesics and laid down. Doctor spouse popped in about twenty minutes later and stared at me, almost clinically, before starting to palpate my

abdomen. When he reached my left iliac fossa, I winced as there was rebound tenderness and weirdly, shoulder tip pain as well – odd for supposed menstrual cramps, and *ominous*.

“This isn't menstrual cramping. Let's get you to A&E now.”

Vulnerable and hurt

In the car, a million thoughts filled my clouded mind: my little son's worried face as I kissed him goodnight, my half promise to him that mummy would be home soon, whether he would be okay with the helper the next day as I had not had the time to make his overnight porridge stock... The intense gnawing colicky pain was both distracting and distressing at the same time. I had absolutely no idea what was going on inside me at that point, and running to the emergency department somehow seemed such a hassle then.

The triage nurse on duty was professional and efficient. After taking a brief history of my presenting complaint and checking my vital signs, she whipped out a small foil pack. “Doc, I will need you to go and pass urine in this, and return it back to me after.” By then, I was getting rather lethargic, but did as I was told. “I can't be pregnant... *no way!*” I thought foggily, but complied nonetheless.

The UPT was positive.

And it suddenly dawned on me that I had a ruptured ectopic pregnancy, and would die if nothing was done, soon.

The rest of the night passed in a frantic blur after that. Dr S ended up performing my emergency salpingectomy that night, but not before chiding me as I slipped under general anaesthesia for being “too lazy to do a UPT”. I fell into a deep and dreamless sleep after those hurtful words were uttered.

I woke up hours later, one fallopian tube and one child less, totally anaemic and giddy as a goose. Of course, I was immensely grateful to have even woken up at all. I kept wondering how I – a doctor – had missed this deadly diagnosis to the point that I could have gone to bed and found myself at the Pearly Gates upon waking.

The answer to that was simply this – I had placed my complete trust in Dr S, and her alone. I never once questioned her opinion or plan of management, not even when my ectopic had ruptured and I was in incredible pain. Thank goodness I had obeyed the laws of fraternity inbreeding and married a fellow doctor, who knew what referred pain and rebound tenderness meant.

Postoperatively, I developed an infected pelvic collection, a complication which prolonged my misery and time off work. Coupled with the fact that I had lost a child (albeit in embryonic stage, but still my child, nonetheless) and one of my tubes, adding to concerns that I would be rendered secondarily subfertile after the harrowing events, I was a sad miserable soul. Dr S's words to me on one of the outpatient reviews hit me particularly hard. “Here is the histology

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report. Nothing more than POC, as expected.” I wanted so badly to scream at her. It was NOT *just* a product of conception (POC); it was my *baby* that exploded in me, and that I nearly *died* as a result of the whole saga because I only listened to her, *because I trusted her completely*. I broke down into shuddering sobs outside the consultation room.

Would it have been different?

Dr S never once admitted that she had made mistakes in my management, perhaps in fear of litigation. The words, “oh, it would not have made a difference anyway” when I asked her if doing a UPT on my first visit would have helped, greatly disturbed and saddened me. I was worried that another patient of hers would suffer the same ordeal as I did, but might not be so lucky to make it through alive. Yet, I would never have brought Dr S to the courts (believe me, many flabbergasted friends advised me to do so, both medical and non-medical persons alike). The reason was simply because I believed (and still believe) that our profession was (and still is) one where most times the best intentions are there, but we, as doctors, are all still human and are not infallible. I learnt the hard way that second or third opinions could be helpful, sometimes even life-saving, as not one doctor can ever truly profess to know it all.

Perhaps if I had seen another doctor, I would not have had such a close shave with death. Perhaps if I had not been a doctor to begin with, things would have been

different as there would not have been assumptions about what I ought to have known or known to do. The list of what-ifs could go on and on.

The above has been but one of a few harrowing accounts in my fairly dramatic existence thus far. Having been a patient myself, and having faced the rollercoaster of emotions, fears and uncertainties from “the other side”, it has deeply humbled me and granted me precious insights. I have learnt to always try to put myself in the patients' shoes, to feel as they do, to see things from their perspective, and to choose my words mindfully without succumbing to pure technical jargon sans empathy. This first-hand experience has also changed the way that I now seek medical advice for myself and my family, and how I handle my own limitations as a healer. Ultimately we, as doctors, do want the best outcomes for our patients, but sometimes we need to set aside personal pride to help them achieve just that.

Finally, when mistakes have been made or when complications have arisen despite our best intentions, we need to be strong and walk alongside our patients through their time of darkness and pain, remembering that it was *they* who placed their faith and trust in *us* in the first place, and the last thing we should do is to abandon them when things go wrong. Much easier said than done, given the current hostile litigious climate that we work in, but to do the converse would be akin to cowardice and a betrayal of our calling. ♦