

CHALLENGES TO BEING A DOCTOR TODAY

Text by Dr Lee Yik Voon

It's tough to be doctors. 医生太难了！

Uncles and aunties love to give all sorts of medical and health advice. They share these with fervor and out of a good heart and intent. Once they are rejected, they will walk off in a fit of anger.

The training of doctors is well known to be rigorous and involves multiple dimensions. This is consistent across all nations. Hence only students with excellent academic results are enrolled.

They need to have a sufficient IQ to tackle all the intellectual challenges thrown at them. Soon after graduation, these newly minted young doctors will be thrown into a real baptism of fire. They will have no time to think of retreat; the only direction is forward and they will discover that this is a profession that they have chosen for life.

Medical knowledge and information is accelerating rapidly and exploding in front of our eyes. Are we able to keep up with these advances in every single field of medical subspecialty? Do we spend all our time playing catch-up, leaving no time for anything else? It is difficult to sacrifice our leisure, our families and loved ones to catch up, and in the process we have all lost a chunk of our ordinary lives.

Patients in the age of social media

We will always have to contend with patients who prefer Dr Google. These patients will challenge our medical opinions and inferences.

How many times have we seen patients thinking they are suffering from various syndromes that they discovered when they looked up Dr Google? In the process, they created lots of unnecessary

stress, anxiety and even trigger panic attacks for themselves.

In addition to Dr Google, we have new challenges coming from fake news, unreliable allegations and conspiracy theories, that seem only too real, posted on social media. Many of them are half-truths making it hard to differentiate. Others have authors touting to be doctors and there is just no way to verify their qualifications.

These posts result in more confusion, delayed treatment or poor compliance. Many patients or members of the public even uphold such fallacies and firmly believe in them over facts that are less juicy and more mundane.

As the saying goes, a lie if repeated enough times will start to sound like truth.

A doctor's dilemma

How do we feel when we decide to share new medical information with our friends only to find out later that these are hoaxes and fake news?

As modern medical practitioners, we are faced with many ethical dilemmas daily.

One example is how to make money and yet not being seen as profiteering or mercenary. In the private practice world, we are not only doctors but also businessmen and shopkeepers. We need to fulfil the different roles that we play and strike a balance between them.

If our business fails, we will not be able to maintain our shop, and we cannot pay our staff, our rent and the inventory required to run the clinic.

At the same time, we also need to understand that we owe it to our patients to look after ourselves well so that we can look after them.

Doctors are human too

When a clinic is not able to survive, it will mean one less Public Health Preparedness Clinic to battle against COVID-19, and one less clinic to support Ministry of Health (MOH) initiatives in transforming healthcare in Singapore.

Like it or not, we are leaders in our society and we need to set good examples for everyone.

Negative examples, such as selling cough mixture and sleeping pills, have been in the media in the past. More recently, shameful wrongdoings involving doctors' spouses or partners have cast a negative shadow on our profession in the public eye. The doctors may be undergoing a lot of stress or may be mentally unwell, but they are still our fallen comrades. We need to take care of them even when our society still holds them accountable to the high social and ethical standards expected of the profession.

We are expected to be compassionate and do pro-bono work especially during crises such as the current COVID-19 situation. We are expected to step up to face the onslaught, risk our lives at the frontline and risk spreading the virus to our loved ones.

We have been doing pro-bono work all this while in various capacities ranging from waiving the charges of needy patients in our own practices, to volunteering to participate in various MOH working committees and volunteering in various voluntary welfare organisations, non-governmental organisations and professional bodies.

As medical doctors, have you ever wondered what is expected of you when you are in public? Can you be incognito just like any other person next door, or

must you project a professional image? Can you be an ordinary citizen just like any other member of the public with possible vices or bad personal habits or selfish practices? Do we need to be exemplary in whatever we do in public?

Without a doubt, our society holds us doctors to very high standards.

Those who have been criminally prosecuted will get a second penalty from the Singapore Medical Council, with a possible suspension being handed down. Double jeopardy, as it is known, is seldom dished out to the ordinary laymen in society.

Is this really fair?

In my personal opinion, society should have a more realistic expectation of doctors. Doctors are after all human. We all know that to err is human. We have our own human needs and are capable of making mistakes.

Taking care of our own

In times of crisis like the COVID-19 outbreak, doctors will rise to the occasion to dig our heels in the trenches, man our positions in the frontlines and perform beyond our usual duties. That includes working longer hours and donning uncomfortable restrictive gear (otherwise known as the personal protective equipment) that increases fatigue. And all these weariness and uncertainties take a toll on our mental health.

Being human, we not only have our human needs and are vulnerable to temptations, but also need to take care of our mental health.

We need to help our fraternity when some of our colleagues fall ill and succumb to mental illness and conditions. We need to be more preventive and move upstream. We need to pick up early signs and prevent a total meltdown of the person. We therefore must learn to look out for one another. We need to learn to preempt the breakdown by learning to pick up early and subtle signs of mental distress and breakdown. By the time they need treatment, we would have been too late.

We have family too. We are somebody's son and daughter, somebody's father and mother too. We need to look after our family and bring home the bacon. To our parents, we are always their babies. Even after years of qualifying as a doctor and accumulating

countless credentials, we are still children in their eyes.

When our children fall ill, who will you see first? Your patients or your child? Can you stop seeing your patients at your clinic, to go home and attend to your child? Or will you leave your child suffering at home with the helper while you carry on the noble job of treating the sick in your busy clinic? What are our responsibilities and priorities? Where does the balance lie?

Being part of the medical community, we are expected to maintain collegiality. We may not agree with our colleagues' practices, but we should not wash dirty linen in public. Instead we should expect to resolve any disagreement internally, because within our community we are better able to appreciate the differences in clinical practice and justifications for them.

Ladies and gentlemen, give yourself a pat on the back. We deserve it.

As we strive forward to battle against the COVID-19 pandemic, we doctors must remember we play a major role. Let us all persevere and rise to the challenges and rigorous requirements in this current and any future pandemics.

I agree it is not an easy task but let us stay true to our hearts and steering. We are called to be doctors for a time like this.

The real test is, will you want your children to be doctors too?

As I step down from my second-year term as SMA President, I would like to thank all my readers for allowing me to share my thoughts with you and thank you for bearing with me these two years. Wishing all of you a very bright future ahead. ♦

Dr Lee is a GP practising in Macpherson. He is also a member of the current National General Practitioner Advisory Panel. He is a pet lover at heart who is the proud owner of a dog, and regularly feeds neighbourhood community cats. He also enjoys playing online war games and thinks that playing Pokemon Go is a good form of exercise.

