

Judicious Approach in Medical Practice

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For this lecture, I have chosen the subject: “Judicious Approach in Medical Practice”. It is a wide-ranging subject with which many senior members of the profession would be more familiar.

Let me first define what I mean by “judicious”. I use “judicious” in the context of exercising sound judgement, being prudent, sensible and wise in our approach when practising medicine.

As medical practitioners, we need to adopt a judicious approach in the care of our patients so as to address their health problems effectively and compassionately. Such an approach will also do much to reduce the likelihood of patients’ unhappiness leading to complaints or medico-legal action against the doctor.

For my lecture today, I would like to discuss the topic of “judicious approach” under three main categories namely:

- Judicious approach in
- (i) patient management
 - (ii) community interaction
 - (iii) institutional setting

JUDICIOUS APPROACH IN PATIENT MANAGEMENT

We are fortunate that in Singapore, the doctor-patient relationship is still healthy and well. The central pillar of a good doctor-patient relationship is trust. As medical practitioners, we must all do our part to maintain and enhance this trust and to grow the doctor-patient relationship.

How can we do this? Firstly, when managing patients, we need to focus our attention fully on our patients, i.e. be patient-centred. This may sound very basic but it is very fundamental to a good doctor-patient relationship. It is good practice to take a good history and carry out a thorough physical examination followed by an explanation to our patients on the plan of management. These again are so basic that we tend to overlook them. However, many diagnoses can be missed by not following this basic systematic procedure.

Secondly, we have to build up a good rapport with our patients. This must arise from a sincere concern

to help the patients. We also need to communicate effectively with our patients. For example, in cases when our patients require surgery, they should be informed of the pros and cons before undergoing surgery or an invasive procedure. The art is skilful communication that highlights the important points and which meets the concerns of the patient and relatives. If we were to mechanically mention all the complications which may arise during the operation or post-operatively, our patient may bolt through our consultation room door, never to return!

As patients are better educated, it is important to find common ground regarding the management of our patients. In difficult cases, informed and shared decision is advised. In a situation where one has to resolve a certain conflict of opinion regarding tests, prescription, referral or treatment requested by patients, the physician has to be careful in not being too domineering in attitude but to be the provider of evidence-based medical knowledge and advise so that an informed decision can be made. For example, in the use of Hormone Replacement Therapy or HRT, where there is some controversy, we need to explain to our patients the dangers of prolonged use of HRT and also to highlight the benefits of short-term use for severe post-menopausal symptoms. It is the patient’s decision ultimately as to whether she should be on HRT.

When there is trust and excellent rapport with our patients, it is most unlikely that the patients would complain or contemplate suing their doctors. It is when we are unconcerned, with poor empathy towards our patients’ illnesses that the seed of discontent is planted. This is likely to surface if things go wrong, for example, if complications arise during an operation which is then followed by high medical or surgical fees. Under those circumstances, a doctor is placed in a vulnerable position.

I do recognise, however, that there are situations where despite the doctor’s best efforts, patients may be dissatisfied and angry about their treatment. How do we cope with such a patient? Dr Tan Siang

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Yong, Professor of Medicine and Adjunct Professor of Law at the University of Hawaii, in his excellent book on “Medical Malpractice in Singapore” advised us to use the following techniques:

H: Hear the patient out.

E: Empathise with the patient, i.e. try to understand the feelings behind the dissatisfaction, not just the facts.

A: Address the issues.

T: Take actions to defuse the tension.

The chances of defusing a very angry patient are small but Dr Tan’s technique may be useful.

Over-prescribing of Drugs

Doctors may from time to time encounter patients who repeatedly consult them for insomnia and request for sleeping pills or tranquilisers. A doctor must be aware of the pitfalls of over-prescribing to such patients and becoming just a “pill pedlar” for financial gain. Taking a proper history and clinical examination are necessary at every visit. Every effort should be made to counsel these patients and refer them to the appropriate specialists where necessary. How the doctor manages such patients would have an impact not only on the patients themselves but also the patients’ families and society as often these patients are addicts who need help to overcome their addiction and not more pills.

Maid Examination

There have been a few cases of foreign domestic workers (FDW) who had been certified negative in pregnancy screening but subsequently delivered a baby a few months later. These cases were reported to the Singapore Medical Council by the Work Permit Department and disciplinary action has been taken against some of the doctors concerned. In some of these situations, the FDW had tried to conceal their pregnancies by substituting someone else in their place, diluting or substituting the urine sample. For such cases, these facts are taken fully into account by the SMC. However, there were also situations where the doctors had failed to examine the FDW properly and thus missed detecting the pregnancy.

Where a person such as a FDW may have a reason to conceal the truth, the attending doctor has to take additional steps to deal with this possibility. The possible pitfalls need to be recognised and steps taken to avoid them. In this regard, the Singapore Medical Association has issued an Advisory in March 2002 which describes a system of examination which they believe will very much reduce the risk of missing a pregnancy. Doctors conducting Maids Employment

Medical Examination are well advised to familiarise themselves with the contents of the advisory.

In a letter to the Forum Page of the Straits Times dated 30 Oct 2003, Dr Lee Pheng Soon stated that “The beta-hCG blood test detects pregnancies earliest, is reliable after the first couple of weeks, is the most sensitive means for routine screening, and arguably should be the test to be used routinely in statutory examinations. ... The principle of ‘patient’s consent’ prevents doctors from simply sending samples for tests without overt consent. However, whenever a request is made and consent clearly given, the GP will gladly use a blood test to exclude pregnancy.” Therefore, although blood test for pregnancy is not mandatory, doctors could use it to exclude pregnancy when he suspects that the FDW is pregnant or if he was uncertain of her menstrual history, if consent is obtained.

Terminally-ill Patients

The management of terminally-ill patients needs special mention. There is often an expectation that we must save lives at all cost. As we progress in our practice we realise that saving a life at all costs even if the patient has a very poor quality of life may not be to the benefit of the patient and his or her loved ones. Examples may include patients who are terminally ill with severe chronic pain and utterly debilitated or are in deep coma with severe brain damage.

Discussions with close relatives regarding patient-management are absolutely essential. The doctor should help the relatives understand the medical situation, address their anxieties and concerns, and decide on a course of action which would be in the patient’s best interest. In complex cases, the opinion of the hospital ethics committee should be sought, as an independent view by professionals not intimately involved in the management of the patient is often very valuable. However, should emotionally-charged relatives, despite counselling and explanation of the hopeless prognosis, instruct the care-givers not to spare any effort or cost to save a terminally-ill patient, then there is no choice but to acquiesce to their wishes.

Advance Medical Directive (AMD)

Fortunately, in Singapore, the Advance Medical Directive or the “living will” was enacted in Parliament in 1996 (Act 16 of 1996, Section 3). In one of the five directives, it is stated that, “I hereby make this advance medical directive that if I should suffer from a terminal illness and if I should become unconscious or incapable of exercising rational judgement so that I am unable to communicate my wishes to my doctor,

no extraordinary life-saving treatment should be applied or given to me.”

As medical practitioners, we are in an ideal position to judiciously encourage certain of our senior patients to sign the AMD form while they are *compos mentis*. By doing so, it will avoid any ambiguity in the future management of many of our terminally-ill patients. This not only saves costs for the family concerned but it will save unnecessary suffering to both patients and their immediate relatives.

JUDICIOUS APPROACH IN MEDICAL PRACTICE IN THE COMMUNITY

Severe Acute Respiratory Syndrome (SARS)

When the first case of SARS was announced in Singapore on 17 March 2003, the whole nation was shocked. We were groping in the dark in tackling SARS in its initial stage. However, as time progressed, the community, the medical authority and fraternity responded swiftly and efficiently. We can be proud of the judicious approach that our doctors, nurses and caregivers adopted in coping with the crisis.

There was an acute shortage of masks in the whole island-state during the early period. It is not too late to thank the Singapore Medical Association for organising the distribution of N95 masks for their members. We can be proud to belong to an Association that serves its members efficiently during moments of crisis. We can also be proud that all doctors in Singapore continued working in spite of the fear of contracting SARS. Our people were truly united and cared for each other almost like what it was during World War II. Life was valuable, not money.

Many doctors saw their patients, gave them masks, wrote a referral letter to the Tan Tock Seng Hospital, the SARS centre, without charging any fees since time and safety were the essence of management of SARS. The medical and nursing fraternity and the other healthcare workers risked their lives in containing SARS and thereby earned the trust and respect of the people of Singapore. It also deservedly earned praise from the highest levels, President Nathan and Prime Minister Goh Chok Tong. It is interesting to note that letters of praises and not complaints about the doctors were received by the Singapore Medical Council!

Human Organ Transplant Act (HOTA)

However, the story is entirely the opposite when it comes to the donation of human organs to our fellow citizens who would die if they do not receive a donated organ from a cadaver or living donor. Singapore is ranked low amongst the developed countries in the world regarding organ donation. The problem

goes beyond culture and religion. Singaporeans are generous with cash donations and with volunteering their time towards charitable organisations but not towards patients in need of organs. In the process of encouraging people to donate their organs if they are brain-dead, the National Kidney Foundation and the Ministry of Health are spending much time and effort to improve the organ donation rate. It is my hope that with the coming of the amended legislation on HOTA in Parliament, our attitude will change positively.

Since it is topical, it is appropriate to mention the liver transplant that Andrea De Cruz underwent not long ago. She survived because of Pierre Png's heroic sacrifice in giving part of his liver to her. It was as good as giving “all his heart to her”! It shows that living unrelated organ transplantation can be successful. To me, the focus should really be on Pierre Png, who took the calculated risk of donating part of his liver to his beloved fiancé. Like all romantic stories, we wish that they will “live happily ever after”!

Doctors have an important role to play in encouraging their patients to become organ donors. They should familiarise themselves with the latest developments in the field of organ and tissue transplantation so that they will be able to provide answers when patients and their families raise their concerns. You may never know as one day your patient might need an organ or become a donor. It will give you tremendous satisfaction to have been instrumental in helping to improve the lives of your patient or others.

Advertising

In our dealings with the community, one has to be very circumspect and ethical about advertising. Allow me to quote a part of the section from the SMC Ethical Code & Ethical Guidelines on information about doctors' services.

General principles

Doctors can validly provide information about the services they provide to both colleagues and members of the public. However such provision of information shall not become blatant advertising in the commercial sense of the word as this could mislead patients, undermine trust and be demeaning to the profession. The means of providing information must also conform to the Advertising Guidelines of the Private Hospitals and Medical Clinics (PHMC) Act.

Standards required of information

In general, doctors may provide information about their qualifications, areas of practice, practice arrangements

and contact details. Such information, where permitted, shall have the following standards:

- a. Factual
- b. Accurate
- c. Verifiable
- d. No extravagant claims
- e. Not misleading
- f. Not sensational
- g. Not persuasive
- h. Not laudatory
- i. Not comparative
- j. Not disparaging

Let me extract a portion of the guideline on Information in the public domain: Public speaking, broadcasting and writing:

A doctor must ensure that he does not encroach into the area of encouraging the public to seek consultation or treatment from him or the organisation he is associated with by publishing detailed service or contact details. Only the doctor's name, registered field of practice and place of practice may be mentioned in such instances.

Doctors are responsible for their public statements and for ensuring that journalists do not breach these standards in reporting about them. Doctors must ensure that press and media reports based on interviews with them are primarily for **public education**.

In addition, images used to illustrate medical procedures or treatments or their outcomes can legitimately be used in educational talks organised by professional bodies or healthcare institutions, or in professional journals. However such images must be used much more **judiciously in the public media**, where they could be deemed to be laudatory of the doctor named. Hence any images used in the general media must not be related to identifiable doctors or their patients either directly or by inference.

Advertising is big business in the commercial world. The code of ethics on advertising requires that doctors should not use advertising to promote their image or skills. Many medical colleagues have complained verbally to the SMC about a few doctors who had appeared in the press or on television. The SMC is not a police bureau policing such matters. If medical colleagues feel strongly that these doctors are over-promoting themselves in order to draw more patients to their practices, they are at liberty to lodge a complaint against them to the SMC, supported by a statutory declaration.

On 20 October 2003, Acting Minister for Health, Mr Khaw Boon Wan, launched the "Singapore Medicine", a concept reviving the dream of re-making Singapore into a regional medical hub. In order that

the potential patients in the region be kept informed of our medical services, it entails some form of advertising. We need to strike a balance here. While we want Singapore to be a regional medical hub, we should still be judicious in the way we promote our medical services. The medical profession must maintain its decorum and dignity. Otherwise, we will be equated with the trades and tradesmen that promote their wares.

There can be two parallel pathways; One pathway is for our Singaporeans where cost-effective medicine is imperative and where empathy for our fellow citizens should remain the basic tenets of medical practice. Even with the passage of time, Sir William Osler's famous quotation is still applicable. I quote, "The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head."

The other pathway is the Singapore Medicine pathway, where our specialists and good nursing care provide excellent professional services which can attract overseas patients to seek state-of-the-art and evidence-based medicine practised in Singapore. It is to compete and be successful in enhancing Singapore's economy which has many peripheral spin-offs. We have a duty to assist Singapore to improve its economy. However, as doctors, we will do so with the correct attitude and standards.

JUDICIOUS APPROACH IN MEDICAL PRACTICE IN THE INSTITUTIONS

Singapore is endowed with fine medical institutions, both in the public and private sectors. We can be proud of the reputation of those who work at these institutions. In the interests of time, I shall touch upon only two aspects:

- a) Emergency Medicine
- b) Conflict of Interest

Emergency Medicine

Emergency medicine is extremely difficult, stressful and requires quick judgement, decision and teamwork. It happens on land, sea, in the air and in a family physician's clinic, in the Accident and Emergency department, in the Intensive Care Unit, in the ward and in the operating theatre. To be able to manage emergencies professionally and effectively, good training is absolutely essential. All things being equal, a quick decision, using one's experience and judgement are critical. One of the most stressful situations is the resuscitation of a patient in extremis. In a situation where the physician or team of doctors have not been adequately trained in dealing with emergencies, there may be chaos and total disarray.

Certain incidents in an emergency management may attract litigation. Some incidents are unavoidable but some may be due to negligence. The key to avoiding law suits is good training, good teamwork and taking due care to assess the medical situation properly.

Case illustration

Allow me to quote an example of an error of judgment by an obstetrician who failed to provide prompt medical attention. A doctor was charged for failing to attend to a patient under his care promptly and personally. The patient had pregnancy-induced hypertension and was admitted to hospital at 4:00 am on the doctor's advice because of the sudden onset of slurring of speech and numbness in the right arm. The doctor prescribed treatment over the phone based on assessment performed by the nurses that the patient had very high blood pressure and only personally saw her at 8:30 am on the same day, four and a half hours after she was admitted.

Although the patient survived and the baby was later delivered safely, the Council was of the view that the patient's condition was critical at the time of the admission and the doctor should have personally attended to and examined her on admission, or arranged for another doctor to do so. The Council found the doctor derelict in his duty to the patient and his conduct unacceptable. He was censured and suspended from practice for six months.

The doctor filed an appeal to the High Court. The High Court upheld the Council's decision on the charge as well as the order of censure but set aside the order of suspension.

Conflicts of Interest

One has to be vigilant in avoiding situations where there may be conflicts of interest. For example, over-servicing of patients induced by the desire to maximise revenues from expensive medical equipment in hospital; in physicians consciously or inadvertently promoting pharmaceutical products of a pharmaceutical company because the company sponsors the institution's research programme or certain scientific meetings. Doctors working in institutions should be judicious in

accepting sponsorships of overseas trips by commercial companies. It is fine if the invitation is to give a lecture or demonstration but it should not include a holiday-cum-golf, -cum-fine dining and various perks whereby the doctor becomes beholden to the company.

We certainly need to work closely with pharmaceutical companies. They play an important role in our medical practice. Besides, we should continue to do research with them and thereby advance our medical care as co-partners. However, we must be ever mindful of maintaining a correct relationship with them, to prevent conflicts of interests from arising in our practice.

CONCLUSION

In conclusion, I have attempted to highlight certain aspects of the importance of a judicious approach in medical practice in relation to patient-management, in the community and in the institution. We need to conduct ourselves in an orderly fashion like the penguins. Penguin-like behaviour includes keeping to rules, norms, being organised and impeccable with upright posture and stature. But we also need a few peacocks. As you are aware, peacocks are known to be different from penguins. They love to show off their feathers and their talent with impressive results. They are flashy, colourful and flamboyant with lots of exuberance. Our society needs the many penguins to adopt some good peacock-like characteristics but society also needs few peacocks to acquire some virtues of the penguins! This way, Singapore will have a well-balanced breed of excellent doctors.

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The 2003 SMA Lecture was delivered on 1 Nov 2003 at the Suntec International Convention and Exhibition Centre by Dr Lee Suan Yew, President, Singapore Medical Council.

The citation of Dr Lee was delivered by Dr T. Thirumoorthy. A copy of the citation is published in the Nov 2003 issue of the SMA News.