

WHEN COLLEAGUES FAIL YOU

By Dr Chan Lai Gwen

My family is sick. Between my father, my husband and my elder son, they have had enough medical consultations to last anyone a lifetime.

But I am grateful to all the doctors I have met because no matter their seniority, they treated me as an equal, understood and addressed my concerns in their management plan, and explained their clinical reasoning such that I would reach the same conclusion as they had after considering all the options.

For example, when I was a final year medical student, I wrote a memo to my father's cardiologist voicing some concerns over changes in his condition. I had expected to hear the answers through my father but I was pleasantly surprised to find that the cardiologist had written a reply to me.

On the one occasion when I did not identify myself as a doctor, I found myself brushed aside as if I was a demanding relative. A senior paediatrician refused to consider a diagnosis of reflux oesophagitis when my three-month-old had such difficulty feeding and I had been resorting to syringing milk into his mouth. Somehow, I felt powerless to confront

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her and paid a hefty consultation fee to be told that I had a fussy baby. The only thing I could do was to switch paediatricians after that. It has been three years since and I still wonder what her response would be if I had told her what my son went through subsequently.

Even if I did confront her, what would I be expecting? Compensation? An apology? I did not know the answer then, but a recent similar experience has facilitated my reflection on what my own expectations are when I feel that a fellow medical colleague has failed me.

My elderly mother had suffered a fall while stepping off an escalator and a few hours later, complained of significant pain and difficulty in walking. When my siblings informed me about it, my immediate concern was that of a bony injury as my mother has osteoporosis but was not receiving

treatment for it. I advised them to bring her to a hospital and request for an X-ray to be done as I felt that at least having a normal X-ray was better than having none at all.

I was flabbergasted to learn that the Resident Medical Officer at the 24-hour clinic of the private hospital that my mother went to was adamant that an X-ray was not necessary. My thus far unconditional trust in my medical colleagues led me to accept his management but I continued to keep a watchful eye over my mother. She was eventually found to have a neck of femur fracture and required surgery. Somehow, the disappointment that I felt in the RMO was akin to a sense of being let down by a trusted friend.

This time, I decided that the doctor must be confronted. Missing a hip fracture meant that my mother suffered unnecessary pain, and was at

personally speaking

risk of a further fall and its associated complications. I duly contacted the hospital and made my complaint known.

To my family's disappointment, the hospital and the doctor employed a defensive approach to the whole issue and did not address our concerns.

"What's there to defend when the doctor was obviously wrong to begin with? You mean there's nothing to protect patients from doctors who made a wrong diagnosis? You can do things by the book but you make people very unhappy!" said my brother, who is not a doctor and who was absolutely riled that the doctor made no acknowledgement of a mistake, not even once during the whole complaint process. I was lost for an answer, and at that moment I felt as if I represented the whole medical profession and that

our practice was under intense scrutiny.

I realised then that I would have been satisfied if the doctor had made a sincere apology, acknowledge that he had made a mistake in his management and promised to learn from the experience. After all, I am also a doctor and I would understand that doctors sometimes make mistakes.

This reminded me of my medical student days when a professor told me that doctors think in terms of percentages but patients think in absolute terms. To patients, they are either dead or alive, healthy or ill, and the doctor is either right or wrong. They do not normally understand the rulebook of the medical profession, and continued justification of failures to detect illnesses using an unfamiliar rulebook only increases their

sense of frustration and helplessness, hardly a service to the community which doctors are supposed to help.

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Humility and sincerity – do we demonstrate this when we treat our colleagues and their relatives as well? **SM**



After spending more than half her career pursuing and achieving success in Internal Medicine and Psychiatry, Dr Chan Lai Gwen has finally found the time to thoroughly enjoy being a mother to a feisty toddler and a needy newborn.