president's forum

Ah Gu

By Dr Chong Yeh Woei

ver the weekend of 31 October 2009, I read with interest the National Kidney Foundation (NKF) Kidney Live Donor Support Programme, set up to reimburse expenses for kidney donors up to \$5,000, or about two months of median salary lost to medical leave. My interest was piqued because I was reading a book titled SuperFreakonomics1 that coincidentally talked about the possibility of a well-regulated market for human organs in the US. The authors mentioned Iran as an example where such a market worked. Interestingly, Singapore was also mentioned in the book pertaining to the Maintenance of Parents Act.

All this brought me back some 17 years when I was working as a renal registrar in the Singapore General Hospital. I had just passed my membership exams in 1992 and was posted to the Renal Department.

This was not my posting of choice but I decided to make the best of it. After all, the practice of renal medicine,



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for the most part; was good practice of general internal medicine. However, I realised after some time that I could not solve the major problem that plagued most of my patients: that of social

economics. Most of them had dreadful socio-economic circumstances and every solution I offered for their medical problem was held ransom by their inability to pay out-of-pocket. For a

president's forum

young and idealistic doctor, that was the death knell of any idealism one wanted to bring to the table.

Matters came to a head when a particular patient of mine was caught up in this variant of the Stockholm syndrome². He was a simpleton who had the physique of an ox and did odd jobs on construction sites for a living. For all intents and purposes, I will call him Ah Gu³, a fitting tribute to his massive frame and natural reticence.

Ah Gu was not married and being of simple mind, probably did not have the skills to woo the fairer sex. He was in his early twenties and with his natural strength and power, made a decent wage for a simple life. He presented to us with end-stage renal failure and was completely unaware of the magnitude of his problem. The cause was some form of glomerulo nephritis; luck had dealt him a bad hand.

I spoke to his relatives, comprising only an elder brother with his own family unit. His brother was also of simple means and could not help with Ah Gu's dialysis burden at all. I put him up for subsidised dialysis and the long and short of it was that he was not eligible. The reason was because of a complicated scoring system that penalised him for having no education, the temporal nature of his job and the fact that he did not have dependents. To clarify this last point, if he was married with children, he would be dialysed because upon his premature demise, they would become a burden to society. Furthermore, if he had children, they would be an asset if they grew up and did well in society. They could then contribute to take care of him or others like him.

Unfortunately, all these could not come to pass as he was a simpleton

and could not get himself a spouse. I tried my best to get him dialysis funds from other means; to be fair to other organisations, they did point out that they could support him for a year or two on dialysis but it would be grossly unfair to pull the plug on Ah Gu when the time came.

I tried one last time at the court of final appeal for subsidised dialysis and was rebuffed. I had a final conference with his elder brother and he appreciated all that I did for his sibling. He had some money to put aside for a final stay at a nursing home for Ah Gu. I still recall the day when a cheerful Sikh nursing officer from the Nightingale Home showed up to collect him from my ward. I explained the situation to that pleasant gentleman and he assured me that he would look after Ah Gu in his final days of renal failure. It was a day when I felt complete helplessness and utter despair as I bade Ah Gu farewell.

I remember clearly those days when I was younger, idealistic and looking for a position within the organisation for further training. This sort of experience had thrown me a curved ball and in a year or two, with certain push and pull factors, I left for private practice to work as a GP. All I can say is that listening to young doctors and students talking about the current situation regarding the residency programme brought me back to my state of mind in the early 90s.

Today, I am thankful that the NKF has been overhauled such that the Ah Gus of today would not be penalised for their lack of social graces. I am also thankful that we have at least looked at this very difficult question of reimbursing donors for their expenses and downtime when donating their kidneys. Finally, I am thankful that I

have no regrets choosing the path of mv career.

On the other hand, I do wish that in this time of upheaval and transition, one spares a thought for our young doctors and medical students. All they want is to be listened to, their views taken into consideration, and to show you their perspective of the world in which they belong. Surely that is not much to ask for. SMA

Reference:

- SuperFreakonomics: Global Cooling, Patriotic Prostitutes and Why Suicide Bombers Should Buy Life Insurance by Steven D. Levitt and Stephen J.
- 2 The psychological response of hostages where they identify with their captors. In this case, Ah Gu was held hostage by his socio-economic circumstance but was too simple to fully comprehend or find a way around the situation.
- 3 "Gu" is a Hokkien translation for "ox"



Dr Chong is the President of the 50th SMA Council. He has been in private practice since 1993 and has seen his fair share of the human condition. He pines for a good pinot noir, loves the FT Weekend and of course, wishes for world peace..