FEAR AND RISK; FAST AND FURIOUS

By Dr Chong Yeh Woei

I attended the MPS-SMA Training Course for Medical Experts in early April and was asked to give an opening speech. As I sat down to pen my thoughts, I realised that the events in the last six months have, in a sense, overwhelmed the profession. I am referring to the medico-legal episodes that have recently occurred in our fast changing landscape.

As I go to work and interact with my fellow colleagues every day, be it in a professional setting or casually over a cup of coffee, I have noticed a perceptible quickening of the pulse. There is an element of disquiet, discomfort and even a semblance of fear that is felt by many of us. I have been in private practice for eighteen years and never have I felt the pace of change and tremors come so fast and so furious.

Essentially the discomfort we feel stems from the risks that we incur. As we engage in our daily work, we are cognizant that the profile of our patients is changing. Their knowledge, demands and expectations are quite unlike those that we have seen in the past. For some of us who can measure our practice in terms of decades, the contrast is very stark. In reality, the human body has not evolved over the years but the explosion of knowledge, education process, and changing societal norms and behaviours have all made themselves felt.

For some of us who have started our practice in a different era, these changes are quite disturbing. The risk portfolio is increasing while our risk appetite is diminishing. We are concerned that our assessment and pricing of risk is out of sync, and that we are lagging behind the changing demands of society. Some of us have been so settled in our ways, and have suddenly woken up to find that someone has shifted the goal posts overnight.

These risks are not just financial or related to our livelihood. The fear that we could be hauled up before our peers to defend our thoughts, words, actions or even inaction is something most of us hope we never have to go through. The fear can be paralysing and also damaging. I see some colleagues who have become so negative that I suspect they may be lapsing into dysthymia. Yet others have irrationally decided not to see certain categories of patients as they are deemed to be difficult. I have also noticed some GPs forgoing certain procedures such as toilet and suture or Pap smears because of risk aversion.

All these are not wrong, but merely manifestations of anxiety or fear. There are subtle mechanisms at play in our reaction to fear. For example, we may be more amenable to calling in a fellow colleague to help us with surgery if the patient or his/her relatives are perceived to be difficult. Why try to save costs for the patient if the risk-benefit ratio is not in your favour? Perhaps it is better to turn the patient away with blase affection or a sliver of disinterest. One doctor I know used to charge higher fees to

patients he did not wish to keep.

As for consent taking, to what level does one bring the process to? Do we need to videotape the proceedings and ask patients to countersign sheaves of disclaimers? Can hospital consultants trust their registrars to do their work, and will that stand up to the acid test in front of a disciplinary tribunal? What exactly are the scopes and responsibilities of each member of the healthcare team in the medico-legal context?

Some of these questions are complex and difficult to answer; some of the actions I mentioned are not kosher and go against our professional code of conduct. Yet as a fellow human being, I cannot help but empathise with what the besieged doctor is going through. Even the thought of seeking professional help such as counselling or seeing a psychiatrist is considered taboo, as there is a provision in the Medical Registration Act to deal with the mentally incompetent professional.

Fear is primeval and works at the reptilian level of our brain. We need sophisticated mechanisms to deal with the situation at hand. We cannot expect the clock to turn back, and so must quietly shoulder on forward. Some of us may be financially comfortable and decide on early retirement. The rest of us who do not have the luxury of such a choice will have to keep calm, reach into our resolve and bravely carry on. SMA and MPS have launched certain initiatives. The recent training course and various risk management workshops are all part of the coordinated thrust to help the profession move along with the changes in society. We have also formed a task force and will engage our colleagues and even regulators through education, review of ethical codes, and formulation of treatment protocols. Through these measures, we hope all parties will better appreciate the difficult terrain we operate in.

More importantly, we must keep our head and ask ourselves whether our fears are genuine or inflated by vested interests, the media, rumour or gossip. We must get ourselves out of our comfort zone, step up to the plate and move to where we want to go. With determination and some luck, we will take matters into our own hands and find our way there together. I know that I can count on you to join me. SMA



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