By Dr Jeremy Lim, Editorial Board Member

Second Chances

I would never accept this person into my department." My friend emphatically stated in the midst of our recent discussion on how doctors who after serving out their sentences for offences related to outrage of modesty or substance abuse could return to medicine.

"But everyone deserves a second chance. And what would they do if they can't practise medicine?" Another friend retorted.

With cases of doctors running foul of the law seeming to be on an upward trend, it is pertinent to stop for a moment and consider how such situations should be handled. Mercy, as Shakespeare so eloquently puts it, is twice blest. It blesseth him that gives, and him that takes, but how do we balance the second chances we give to individuals against the risk of further harm to society and to themselves? In cases of substance abuse, it can be argued that a hospital with potentially easier access to drugs would be a 'risky' place to site a rehabilitating offender and tempt a relapse. In cases of outrage of modesty, how can we ensure that our staff and our patients have adequate safeguards while still allowing the involved person to work effectively and with dignity?

I would suggest that a nuanced approach tailored to the needs of the specific individuals is necessary but a few general principles would apply.

Firstly, a medical school education is an investment in an individual by all of society and should not be discarded lightly. Hence, every reasonable effort should be made to offer opportunities for successful reintegration into our professional community. The default position should be to offer a second chance.

Secondly, we do no favours to the individuals or to ourselves if we permit continuation of practice without special arrangements. Placing a returned house officer in a busy ward with minimal guidance and supervision is a sure recipe for anxiety, stress and relapse into previous behaviour. Media reports have cited work stress as precipitating factors in the cases occurring locally and without identification and amelioration of these stresses, we doom these doctors to further difficulties. As such, some of our hospitals already known for their heavy workload and relative lack of senior oversight are poor choices for such doctors.

Finally, a named mentor willing and able to closely supervise the returned doctors is needed. It is a tremendous responsibility and such admirable persons, regardless of good intentions, will need special training and dedicated time allocated to ably manage their wards. All colleagues will also need to play their part to build that supportive environment and to keep on the lookout for warning signs of recurrence.

Thankfully, such cases of our fallen brethren are few but as a profession, we must ensure we do the very best we can for them and for the larger society that we all serve. ■

Dr Lim is Director, Policy and Research for Singapore Health Services and heads the health services research programme for the cluster. This commentary is contributed in his personal capacity.