

MORAL COMPASSES & NEGATIVE EXAMPLES

By Dr Chong Yeh Woei

The annual SMA Lecture was held on 29 January 2011, and the topic was "Winds of Change: Revisiting Role Models in Medicine". One of the matters that the SMA Lecturer 2010, Prof John Wong, spoke on was the need to have a moral compass. This term somehow struck a chord and got me thinking.

In our line of work, we often have to make decisions for patients. Some of these decisions involve a decision tree, or what I describe as a fork in the road. On one arm of the fork is a path beset with the doctor's vested interests, whilst the other arm is where the patient's interest is paramount. In clear-cut situations, the choice is apparent. But sometimes when the call is very close and where there are grey areas, making the decision can be very difficult. In this case, it is very important that in making a good clinical decision for the patient, vested interests are held at bay, for it is in this grey zone where angels fear to tread that the moral compass of the doctor is called upon.

As a general practitioner, I have made it a point to understand the moral compass of the doctors I am referring my patients to. I find that technical competence is not the issue here, but rather what matters are the principles our fathers and mothers taught us as children. It seems that family upbringing is important as the values transmitted by parents shape the moral compass of the child. I am told that these values were also known as "motherhood ethics", and that is a really apt description.

In the same vein, a banker friend of mine told me that in all his years of providing loans to individuals, his default cases have all been traced back to a deficiency in upbringing. Today's climate is one of high business costs, intense competition amongst doctors, and the need for instant gratification for the finer and more expensive things in life. This has led to good decision making in the grey zones of clinical practice becoming more challenging.

My patient came in today and was feeling quite unwell. He had done well in his job and was the managing partner of the local outfit of a global firm. He had been very stressed by the fact that he had to fire a senior manager over integrity issues, and had been appalled by his staff's disregard for confidentiality and respect for their customer's future expansion plans. The staff in question had leaked documents of the customer's plans to the customer's competitor. My patient had expected better of his staff and was disappointed to find deficiency of this nature at such a level of seniority. He was determined that he would take his time to find a replacement for the position, and I pointed out that this was his instance of a "negative example".

Through our experiences in life, we have often come across positive examples as well as the corollary. We always remember the negative examples clearly; particularly if we had incurred a cost, be it emotional or monetary, in learning a lesson.

I have a few instances of negative examples in my life and one involved a close friend of many years. He was clearly very bright, came from a humble background and did well in school. He studied medicine and was a successful private practitioner. Somehow everything unravelled as he had an affair with a patient, divorced his wife, inflicted emotional damage on his children, had problems with the taxman and even committed a misdemeanour that resulted in a suspension from the Singapore Medical Council. In my mind, he is my negative example of what not to do with one's life.

I guess positive and negative examples work in tandem like a carrot and a stick. You cannot have one without the other: the opposing forces work like our conscience, shaping us into understanding the virtues and consequences of our actions.

What we really want at the end of the day is to experience self-awareness. To know and understand yourself has been described by diverse ancients from the Delphic oracle to Sun Tzu. We have to comprehend what makes us tick: from emotions to needs, from strengths to weaknesses, and from motivations to moods. We must not only understand our inner workings but also how these moods, emotions and drives impact the people around us. These will include patients, nurses, allied health professionals, medical students and fellow colleagues.

We must be clear about what motivates us; be it money, status, power or loftier ideals. There is no point in being dishonest with yourself. Self-aware people are by and large candid people, able to speak openly

about their limitations, welcome constructive criticism, and are very often able to laugh at themselves. By understanding their limitations and playing up their strengths, they are confident and realistic on their ability to deliver the goods.

Finally, we cannot go back in time to unlearn or relearn values that were embedded in our psyche from childhood. We can only hope that with insight into ourselves, we can align our compass to navigate the path. Hopefully we can look back in hindsight on the path that we have taken, with some measure of pride and satisfaction that we have managed to make a difference. **SMA**



Dr Chong is the President of the 51st 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...

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