

# Prescriptions and Persuasion

By Dr Jeremy Lim, Editorial Board Member

This month 25 years ago, the *Straits Times* published an article titled “How do you tell someone she’s dying?” The article recounted a visit by one Dr Kashivagi to St Joseph’s Home, which had at that time set aside 16 beds for dying patients, and ended with a public appeal for volunteers. 144 members of the public responded, leading to the Singapore Cancer Society establishing a volunteer home programme, and in the words of Dr Rosalie Shaw, an early pioneer in palliative care, “the rest is history”.

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In 1990, Dr Anne Merriman, a founding member of the Hospice Care Association in Singapore, moved to Kenya to further palliative care in the African continent. At that time, access to oral opiates, which we take for granted in Singapore, was a major challenge there. “Governments are afraid of being labelled as drug traffickers if they allow opiates in, while doctors are afraid of being labelled as addicts if they prescribe morphine,” Dr Merriman explained. Campaigning tirelessly with like-minded colleagues, she ultimately prevailed.

What do these anecdotes reveal to us? Firstly, they bring to life the words of social anthropologist Margaret Mead: “Never doubt that a small group of thoughtful people could change the world. Indeed, it’s the only thing that ever has.” Secondly, they highlight the pivotal role doctors can play in giving voice to the voiceless through working with the media and civic society. But are doctors equipped to contribute to changing society and society’s attitudes? Do we even want this role?

The word *doctor* has its origins in the Latin verb *docere* which means to teach. We are a profession that, by our calling, must place society’s interests above our own, and advocating (or teaching a specific issue) for our patients individually and collectively is part and parcel of our duties as doctors. This role is more emphasised in fledgling specialties

such as Palliative or Rehabilitative Medicine, but equally relevant to all of us, whether calling for screening for colon cancer or appealing for more subsidies for orthopaedic or cardiac implants. How can we leave such important tasks to journalists and politicians alone? As such, doctors should learn skills in advocacy and communications, be more appreciative of the public policy roles we can meaningfully play and use the esteem society bestows on us for the common good.

We also need to guard against self-serving actions to promote

ourselves or our practices and be clear about our motivations. Prof Arthur Lim remarked previously that it is common today for patients undergoing new clinical treatments to be profiled, and that many of their doctors speaking to the media seem to do so to publicise themselves. He lamented that doctors previously agreed to be interviewed by the media on condition of anonymity, and only to highlight new treatments so that more patients would be aware and come forward for help.

We must learn to communicate beyond individual patients and be a social force for good. Whether through the media or through discreet meetings with policy makers, we should use our position and professional expertise to contribute to a healthier and happier society. Advocacy is an integral part of our work as doctors; let us do so effectively with clarity, humility and purity. **SMA**



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