Don't Ask,

My patient asked me the other day about his mother, who had been diagnosed with cancer and warded in a public sector hospital. The siblings were concerned that she would be devastated by the diagnosis and had asked the oncologist to conceal it from her. The oncologist was very frank and told them that in today's medico-legal climate, it was very difficult for him to treat her with chemotherapy without telling her the diagnosis.

I sat him down and made him understand that he and his sibs were very well meaning to shield and protect their mother from the truth. "In reality," I told him, "your mother is not stupid." After a while, when all the family members start showing up to visit her in the ward or at home, and distant relatives whom she sees once a year at Chinese New Year, weddings or wakes begin appearing at her doorstep, she would pretty much cotton on to what was happening.

I told him that he should find a setting where he and his sibs could gently break the news to her, and they will be surprised at the calmness at which she accepts the news. She can also start making all the arrangements for her wake like selecting her photo, final outfit, floral arrangements, burial or cremation, choosing her niche at the columbarium, and updating her will to express certain wishes that she has for each child or grandchild. Human beings can be so pragmatic at such times that it almost defies belief.

Those patients who wish to carry on the charade with their loved ones and consenting doctors have their own reasons to do so. Sometimes these reasons cannot be fathomed. The thought processes of Homo sapiens continue to amaze me. A good confounding example would be schadenfreude. This occurs when the person feels joy or pleasure when he hears of the misfortune of others, and his feelings are particularly amplified when he has previously envied their good fortune. Hence schadenfreude and envy are a pair of evil twins. We often see this around us, and may even succumb to this phenomenon. Living in a highly competitive environment in Singapore probably does not help to dispel such tendencies.

Yet another interesting human phenomena is that of betrayal, be it between married couples, friends and even colleagues. My patient came in the other day, wracked with guilt. She had seen her best friend's husband behaving intimately with a young female companion in a restaurant. She was in a dilemma, torn between betraying her friendship and wrecking their marriage.

I explained to her that betrayal was an intimate concept that existed between husband and wife. To some couples, the biblical concept of betrayal was par for the course. This meant that even thinking about betrayal was equivalent to an act of betrayal itself. But to others, betrayal could run the gamut of "don't ask, don't tell" to a situation where the spouse would tolerate indiscretions if the other party fulfilled his or her family obligations.

I told her that the parameters that each couple sets for betrayal were very intimate to themselves. Having good intentions and alerting her friend to her husband's peccadilloes may very well disrupt this delicate

Don't Tell?

By Dr Chong Yeh Woei

balance of parameters. This does not mean that one condones betrayal, but rather, we live in a complex society, and sometimes these parameters may be set by couples to prevent hurt to their children. After all, in a divorce, children always bear the brunt of the emotional fallout and are similarly most affected by it.

There are also incidents of betrayal between colleagues. Backstabbing and getting ahead in life seem to be the norm in today's competitive world. Whatever happened to Medicine and its need for teamwork? In financial circles, such shenanigans lead to loss of capital, in Medicine it could well result in devastating morbidity or even mortality.

One particular area of betrayal is that of bullying and even abuse. In our British system, where senior members have a lot of say in the career path of a junior colleague, this could be a moral hazard. I was surprised to note that there is quite a bit of bullying within the medical profession reported in most countries. This is because of the inherently hierarchical nature of medical systems and the way in which Medicine is practised and taught at the bedside.

Bullying in these other countries seems to affect nurses, medical students and junior trainees disproportionately. Students and junior doctors are expected to present patients' statuses to senior staff at the bedside. This could open them to destructive criticism, sarcasm and humiliation in front of patients and their peers. Some say that this is the way to build resilience but more often than not, most students or junior staff would lose confidence in themselves. There may also be more subtle forms of bullying, such as not answering calls, condescending attitudes, aggressive statements or intimidation.

The sum of all this bullying may lead to dysthymia, loss of job satisfaction, anxiety, and a desire to leave that particular job setting or Medicine altogether. The line is crossed when bullying becomes abuse. Abuse may be physical, neglect, psychological or sexual. Bullying becomes abuse when boundaries are transgressed. Some resilient types may have firmer boundaries and therefore cannot be abused. But predators or narcissistic personalities always have that sixth sense to sniff out the vulnerable. Power is the fuel by which predators can amplify and exploit vulnerabilities.

Frankly, I was surprised that the Joint Commission International, hailing from the land of political correctness and civil rights, did not have much weightage on the subject of bullying and abuse within hospitals. Perhaps it is time to think about looking at these issues within our system and to ensure that our students, nurses, junior staff and residents are not subject to such forms of betrayals. We in the senior levels of the profession need to ensure that such practices will never come to pass in the hallowed halls of our institutions. SMA

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