

# Are We Healers or Dealers?

By Dr John Chiam, Editorial Board Member

For as long as I could remember, “medicine” was a dirty word that your mother made you drink when you caught a cold.

When asked to fill up a form stating our future career aspirations sometime in the middle of my Junior College days, my options looked very much like this:

1. Actuarist
2. Actuarist
3. Actuarist

After explaining to an annoyed class teacher that I was not trying to be funny, and after explaining to that same teacher just what exactly it was that an actuarial scientist did (count money all day long, so fables went), I was then hauled up to meet the school principal for a “counselling session”. Back in those days, students still held their principals in high regard, and the principals themselves still had the authority to look fierce and be unfriendly – and were still empowered to dish out fatherly, responsible advice to his charges – but I digress.

Anyway, after my A-levels, everyone – and I meant everyone – persuaded me to forget about this “actuarist” business and do something more worthwhile, like read medicine.

I was painted a picture of medicine being populated by gentle, kind-hearted doctors, held in paramount esteem by the community. The doctors were a compassionate folk, with a duty to society and a love for the downtrodden.

Pecuniary rewards were a perfunctory inconvenience – doctors lived to heal, cure, and comfort! Getting rich from medicine was supposed to be an inconsequential side effect of those ideals. Everyone looked up to doctors, with a sense of respect almost bordering on veneration.

Big deal, I thought. If I raked in a couple of million bucks a year as an actuarial scientist, I could probably **buy** all the respect anyone had to offer.

Anyway, to cut a long story short, I never got to fulfill my dreams to be an actuarist. Somewhere along the line, I got waylaid, bushwhacked and detoured – and landed up in the land of the compassionate, dutiful folk.

In that land, almost on a daily, ritualistic basis, I was subject to lecture after lecture, talk after talk, round after round – by those same compassionate, dutiful folk – on how important it was for a doctor to carry himself with the dignity and status befitting his profession. *Primum non nocere*. First, do no harm. After that, do all the good you can for your patients.

Then, I woke up one day to the *Nation Building Paper's* headlines on 12 September 2004: “When a Doctor’s Visit Turns into a Sales Pitch.”

Multi-level marketing or “MLM”, is not illegal in Singapore, and is a rather ingenious way of doing business.




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To put it simply, a product is sold directly from the seller to a buyer, and the buyer is also encouraged to recruit potential buyers, who in turn, become sellers as well. While all this is happening, there is plenty of money to be made, a great product is sold, and everybody is happy.

Well, everybody except the patients, that is.

A doctor-patient relationship is sacrosanct and so very special. Nowhere else could you find a situation where the innermost secrets of another human being are being laid bare for a doctor to note, other than in the sanctuary that is the consultation room.

I cannot think of any other profession (except for the Catholic Priesthood) that would have us listen to our patients’ confessions. Admissions of the trip to Batam over the weekend – or about the petting that went a little too far – are commonly offered, interestingly during a request for an HIV or urinary pregnancy test. Fortunately (thankfully), unlike the Priesthood, celibacy is an option, not a prerequisite.

When a doctor engages in MLM practices – especially with regards to “health products” or “supplements”, it is not difficult for the patient to imagine how that special bond can be tested, and ultimately, the sacred relationship broken. Sadly, it does not even matter whether or not the product actually has medicinal benefits – often it has – but it is the patient’s perception of the way the product was being sold that is so objectionable.

The patient’s paradigm of the doctor having nothing but the patient’s best interest at heart is suddenly challenged. Unexpectedly and uncomfortably, the bothersome suspicion begins to creep into the patient’s consciousness: “Perhaps my doctor has another motive for recommending me this product?”



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Once that trust is broken – once the double guessing begins – the impairment to the doctor-patient relationship is truly irreparable, and far more damaging than yet another sensationalistic headline by a “doctor-bashing reporter”.

And the most damning issue here is that the action of a few may indeed affect the doctor-patient relationship of many. The name of the profession – and the reputation of all its members – gets smeared by the same tar-brush.

Throughout the ages, doctors have been healers, leaders and educators. We have been expected to be selfless, larger than life, yet down to earth and fiducial. Doctors have the patient’s trust, faith and best interests in mind and at heart. For better or for worse, doctors are held to a higher standard, a stricter morality

and a harsher rule, by the very people we serve. In essence, because we are able to heal them, we are supposed to be different – and better than they are.

I believe it is time we took a long hard look at ourselves – from the recent fiasco of doctors being pill-peddlers, to doctors pushing MLM. Have we, somewhere along the way, lost our focus and forgotten our ideals? What happened to putting patients first, and everything else (including breakfast, lunch and dinner during a busy on-call) second?

Whether we like it or not, whether we are paid adequately for it or not, that is how society looks at us, thinks about us and ultimately judges us.

Let us ensure then, when society judges us, we are up to the task and unfailing in our integrity. ■