

# The Practice of Medicine Today – Protective or Preventive Medicine?

By Dr Lim Yii Hong

When we talk about preventive medicine, what are we truly trying to prevent? I certainly hope it is not the situation where the ends negate the means and intentions. That the doctor dares not treat for the fear of professional bankruptcy and financial ruin, or worse, that he treats only 'enough' but not enough to endanger himself. But what if saving you means he has to take a chance? Will you give him that chance? Even at the risk of your own well-being? ...You will not? Then why should you expect the doctor to take the risk?

## EVERY DOC FOR HIMSELF?

Will the practice of medicine no longer become preventive but protective? That doctors no longer prevent ill-health but protect their own professional health? Is it not inconceivable that doctors will rather protect themselves at the expense of providing the best possible care for their patients?

After all, the doctor must take care of himself in the treacherous world out there of new-fangled designer cures and experimental therapies, most of which are duds and not too few of which are deadly. With vampiric lawyers and leeching insurance managers ever thirsty for the first taste of blood, why should the doctor put his life at stake to try his best when he can get away with a safe but second-rate treatment? Will the patient care? Probably not, because he may still be alive but the quality of this life may be highly debatable. Will the insurance company be happy? Of course, if you save them from having to pay for expensive exacting tests and costly X<sup>th</sup>-generation drugs.

So who and what decides the most salubrious medical practice? The doctor? The lawyer? The pharmaceutical company? The insurance company? The government? Or *you*?

In our Era of Money-ism, we have doctors who over-prescribe and under-evaluate, doctors who are charlatans and drug-pushers, at best shortsighted and at worst downright negligent.

But we also have money-grabbing lawyers, disillusioned barristers and prevaricating solicitors. Add to this eclectic mix, insurance companies worried about the bottomline, bureaucratic uncaring managers, agents more worried about their next paycheck than your much-needed payout. Inject some trigger-happy pharmaceutical companies struggling to impose ever higher charges for the latest repackaged drug. And how about your company that generates multi-millions in revenue but does not care if you fall sick and needs an emergency by-pass. Or the government professing its worries of medical inflation but cutting budget on healthcare; and telling you to go to cheaper hospitals and doctors so that you can save on the country's hard-earned money, never mind that cheap enough does not always equate good enough.

In this uncertain society of "every dog-for-himself/herself/ itself", why should we depend on the doctor to be the only altruistic one acting in the good capacity of his 'calling' and 'choice'?

## PRACTICE MAKES PERFECT

The calling of a doctor and the practice of medicine has evolved with society over the past few millenniums. In the bygone age of many cultures and civilisations, doctors appeared in many guises. In today's globalised world, the mélange has created an archetype of someone more than a mere scientist with the necessary mastery of skills in the practice of his profession. In 2500 years, the practice of medicine has spanned the will of gods to the nebulous concept we know of today. But it has always connoted something higher, loftier. Not quite God but not quite Man either – somewhere in between. Or does it still?

Maybe it should no longer be called the 'Practice of Medicine' but the



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Dr Lim Yii Hong graduated from NUS in 2002. He is currently in the jungles of Temburong, Brunei, serving his time in contemplation. Back in civilisation, he can be found at the beach, the pool, and places wet or wild, including Orchard Road. Otherwise, he is pretty much just a dreamer who appreciates the fine and funny things in life, a good book, a good salad and a good friend.



Fun in camp – without women... whoops... Actually, he's just a good fellow officer friend. The things we do in the line of duty...

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'Administration of Medicine'. It certainly sounds a lot more precise, more officious and a lot less uncertain, that is, more reassuring. You can not only imagine but certainly hear: "The doctor practising on me?! Help! I want a second opinion... from my lawyer!" or "WHAT!? I'm getting a junior doctor? I thought they are only good at filling out insurance forms? I want a SENIOR CONSULTANT! I don't care if they need the practice, they can practise on themselves until they become Consultants!" Then we can all serve you, no doubt?

I have always believed that service for others is the highest calling, but let us all remember that the slightest sliver of sensibility separates service from slavery. In my understanding, the practice of medicine involves a sacred patient-doctor relationship. But one cannot have any form of relationship without mutual understanding and respect.

I have often said wryly to my patients that the practice of medicine is at its very best an imprecise science but an exacting art. In a vocation where the practice is at best an intelligent gamble, how do we legislate the results of life and death? How else would you improve an art but by practice? Yet ironically, when you practise on a living canvas, it has got to be the pinnacle of your craft every single time and then some. We try our hardest to reduce our patients to statistics only because that is what is demanded from us. I have lost count of cries for accountability, or too often, the strident calls to "Show me your bill breakdown!", "I want every single cost itemised!", "How many unsuccessful and successful operations?" How do I tell them that success is very often accompanied by two weeks of pain or a lifetime of scars? I dread to view mathematics as my patient but when doctors must also be scientists, it is far easier to engage in cut-and-dry statistics than whiney Singaporeans.

I have only begun to understand what my Professor used to say: "The only statistics that matter to the patient are 100% and 0%: is it going to work or not?" Every modern medical practitioner who dares call himself or



*Reporting sick in the field. (Doc! Save me from the jungle!) Can you spot the doc?  
Hint: He's not smiling!*

herself a doctor

is too often found in a conundrum of trying to satisfy the insatiable, the despair in treating the ungrateful and the scathing backlash of enthusiastic idealism. Yet we work on and are expected be the paradox of unchanging humans. Flog us and we are supposed never to hate you. I think only Jesus has accomplished that.

PREVENT, PROMOTE, PROTECT.

When we can no longer trust the doctor to be professional, how can we believe that our health is in good hands? When we refuse to believe in the unfailing conscience of the doctor, or that he will honour an oath taken solely for the good of others, who then should take care of the sick and injured?

In the United States, where the doctor's duty of care to you lies somewhere in between the courts and the insurance payout you get, is it not ironic that your health is no longer in the hands of healthcare professionals? When we abnegate the doctor's duty to the patient and transfer accountability to state taxes and coffers, will you trust the doctor to act in your best interest? Who then determines your best interest? You? The doctor? The lawyer? Or the insurance company?

I can only hope that the practice of medicine today means to prevent illness, promote good health and protect the general public. Meanwhile, you will take care of yourself, will you not? For my health? ■