

By Dr Daniel Fung, Deputy Editor

The Physician in the Mirror



I have not been writing much. But the spate of 'young' doctors who got caught for misdemeanours has spurred me to write again. I know that I am no longer 'young' these days. This was especially felt when I walked past a new medical officer in our hospital and he bowed his head and called me "Sir". Of course, it may be that he is just strange but I reckon that once we reach our 40s, and qualify for Eldership, we must be older than we think.

Recently, two doctors, both considered young (in their late 20s), were caught for falsifying a medical certificate and possessing Ecstasy, Ketamine and Ice respectively. Why do doctors get themselves into situations like this? It would appear that doctors are expected to be relative angels and is as much the result of a Halo effect as it is expecting doctors to be God (and angels). I guess we are human after all. I am sure that doctors are not the professionals most associated with crimes. I suppose lawyers and accountants are just as much in the news for such matters. But we should be worried because a few rotten apples may give our entire basket of doctors a bad name. We tend to give many reasons for such professional failings such as "We are humans", "Too much is expected of us", "Knowledge does not equate compliance" or "Rules are meant to be broken". Who is responsible? We only need to look into the mirror for the answer.

We should be more introspective and ask if we are seriously treating ourselves as a profession. Surely, the two cases cited recently could not have suddenly turned 'bad'. Things must have been happening well before they committed such crimes like drug abuse, and falsifying medical certificates. We must blame ourselves for turning

a blind eye until it is too late. The process of training doctors starts from the interview for entry into medical school. Do we develop adequate training procedures for screening students entering medical school? Do medical student interview panels look at the emotional suitability of students entering medical school? Besides good grades and exemplary academic and co-curricular records, the personality and psychological make-up of a doctor should be assessed.

The second step comes during the long years of training. Sometimes as seniors, we often try and excuse young doctors' minor faults as small matters and try not to make things difficult by speaking directly to (and reprimanding) the culprits. Instead, we lament in the comfort of tea rooms of how "things were never like that in the good old days". I do not claim to be faultless and I am sure I have more motes in my eye than your average doctor. But this is not a case of "let him who is without sin cast the first stone", it is about self regulation and being stringent. People who make mistakes must be punished but it may be better to give them adequate training instead. Do we train our medical students well? Is the burgeoning ethical and professional training going beyond the didactics in terms of personal examples and good role models? Are we supervising our trainees enough? Do we give adequate training to supervisors? These questions come to mind because I expect that good behaviour comes through a learning process of guidance and examples.

I have always been passionate about the training of doctors. I believe that good training is not about spoon-feeding and examination



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mugging but more about helping the trainee become independent thinkers with a sense of moral and social responsibility. We tend to articulate this in words that adorn the mission and vision statements as well as values within institutions but do we really believe in them? To do this, we must have the role models who will reprimand us when we do wrong, who counsel us when we fall short of standards and who stand up and accept responsibility when a member is slacking.

In some countries, regulatory bodies, such as the Royal College of Physicians and Surgeons of Canada, require doctors who commit misdemeanours to go for retraining instead of just being fined or slapped with suspension. Perhaps, we could also ask for them to provide voluntary work in medical service. We can also develop courses for ‘rehabilitating’ our errant comrades. Like the Yellow Ribbon project, we should always give our colleagues a chance to make things right. I hate washing dirty linen in public – but it is better to wash it then to let the stain stay – and spoil the entire sheet in time to come. ■