

he old lady, clutching her tattered bag, dragged the mentally retarded (or if you are politically correct, intellectually disabled) child with autism into the clinic. Her arthritic hands fumbled for the bag of medications to show me. They come every three months and this year, it was near Christmas. My room, with its gaily lit decorations and colourful children's drawings stood in stark contrast to the pitiful pair before me.

The child's parents had abandoned him and left the elderly woman – his grandmother – to care for him since young. Our efforts in tracing the parents have come to naught and the young social worker always looks bemused when I ask (for the umpteenth time) where the father was.

The medical fees are completely subsidised through Medifund and the boy needs his medications to prevent him from assaulting his only caring relative on earth. Once, I had tried to cut down on the medications and the old lady appeared before me with large bruises over her head. She had no more tears to cry but a resigned look that showed a mix of learned helplessness and stoic strength.

Today was a little different – she seemed happier. Although she was not exactly smiling, she spoke a little more. She related how the grandson was now better behaved and no longer hit himself and was attending a school run by a voluntary welfare group. She said she had found new meaning in life and despite her difficulties, she was happy with things in general. I have never seen something like this before, what with our helping her with Medifund, and other forms of financial help. I thought that she would be grateful if we made medical treatment free and we also provided reimbursement for the transportation fare to our clinic. But it was not these little things that made the difference for her – it was the people who

reached into her life. She told me that she had made new friends and she felt better now. The boy, who usually sat quietly, was humming to himself what sounded like a hymn.

Recently, one of our patients complained that she was not informed of all the side-effects of the medication that her son was placed on. She called up the hospital's quality service line and berated the poor staff who had to handle her call. The medical officer involved became very distraught and felt that he had brought the 'calamity' upon the staff by being too careful and creating such unhappiness in the mother. The latter was extremely unhappy about seeing different doctors and wanted some way for the system to address those grievances. The doctor on the other hand was trying his level best to address the medical issues rather than understand the mother's need to be heard.

Doctors are increasingly asked to look at quality issues because of cost constraints, increasing patient expectations, and a greater focus on accountability. I remember how an old doctor leaned over to me and drew a small series of circles and whispered "bull". It was at a presentation on a plan to make our medical work more efficient and better for our patients. That was only one of several presentations and discussions about quality in healthcare. I recall another incident when a young doctor became infuriated when he heard healthcare being called an industry. His angry retort was that dealing with patients was not some retail market where the customer was always right.

On the other hand, administrators in hospitals sometimes feel aggrieved too. "Why can't they (the doctors) understand what we are trying to achieve here? Is it because the doctors don't care about quality?"

The problem does not lie in the concept of



Daniel is married to Joyce, and sometimes, to his work. Fortunately, Joyce has kept his feet on the ground by sharing with him five wonderful children who are a constant reminder for his work as a child psychiatrist.

quality, as most doctors believe in providing good quality care. Sometimes, we just have problems communicating this. In the Institute of Mental Health (IMH), much effort is spent trying to help administrators and clinicians meet and just understand the nature and extent of each other's work. Indeed, one of the strategic thrusts towards our vision of leading excellent mental healthcare is to enhance BOTH operational and clinical excellence.

Christmas is about relationships and how it makes a difference for all of us. I realised this through my work. The old lady and her grandson is a composite of many cases that I have seen. The doctors are composites of many of my colleagues both here and overseas whom I have met. Ultimately, the final answer to many problems comes from the relationships that we form.

Doctors are but instruments in the healing of our patients and we are not an end in ourselves.

When I celebrate Christmas, it is a time to spend with my family. These are the most important aspects of Christmas to me. It is not the parties or the presents but the people who make Christmas special. My boss used to say that Christmas is a religious festival and we cannot celebrate it in our secular clinic. I think Christmas, which can be religious of course, is also a universal celebration of people being with one another and caring for one another. My Yuletide wish is that we will all think about our relationships with people, both professionally with colleagues, and more importantly, the ones with our patients should be uppermost in our minds. Good relationships help make it easier for us to work in an increasingly complex healthcare environment.