The Blue Letter

By Dr Lim Boon Leng, Editorial Board Member

Dearest Colleague,

Thank you for your *kind* referral. (Although you could have been kinder if you had made this referral more timely and not after I left the hospital). I think I am correct to say that all of us hate to be on call and only the most sadomasochistic ones like seeing blue letters.

This may be irrelevant to the case but of the many things that make no sense, have you ever wondered why blue letters have to be blue? It must have been the favourite colour of one of our medical superintendents umpteen years ago, the kind of thing one implements to immortalise oneself... You know, I had to reassure my wife many times that there is really nothing pornographic, or in fact particularly enjoyable, about seeing a blue letter. Especially when I can't make it back on time for dinner after having to make a U-turn... You get the point.

Back to business...

I have seen this 70-year-old man whom you suspected to have "Dementia? Depression? Delirious?" The first hint that he is completely normal came when he became somewhat agitated knowing that his treating team had referred him to a psychiatrist. He told me emphatically, "I not *siao*." The fact that he rejected your *kind* suggestion for him to be placed in a nursing home hardly makes him demented. He is also not depressed and is motivated to visit his "friends" in Geylang (the even-numbered *lorongs* side) if you allow him to be discharged. He has decision making capacity and could clearly weigh the pros (pardon the pun) and cons of parting with his Central Provident Fund monies when he meets these friends of his. He said, and I quote, "I not stupid!"

He is not delirious; even though he has learnt a few words of Tagalog after a few months' stay in the hospital, it will still be best that questions of orientation be fielded to him in his native tongue. In fact, he is so well that the only complaints he has are against the terrible food and that, "Why no doctor talk to me one?!"

Mental state examination

A 70-year-old elderly male who was comfortable in bed but looked bored and restless. He was relevant and coherent in his speech and thoughts. The Hokkien expletives he spurted once he found out that I am a psychiatrist were quite appropriate. His mood was as good as it could be, given that he was stuck in a hospital bed with pus oozing from his wound. There was no psychotic manifestation, unless you count the gesticulations (which were really aimed at the treating team). Cognitively, he was unable to perform any mathematical calculations. However, he was able to tell me instantaneously how much it would cost to buy five pairs of Toto System 7 and two pairs of 4D numbers, five big bets and one small bet, over two weeks! The lecherous look on his face when a pretty nursing student came by indicated that he was at least orientated to people.

Physical examination

NAD (not actually done).

Impression

Is the managing team under some stress from the bed management unit?

Plan

1. *Char kway teow* or other local delights once daily to cheer him up and motivate him for rehab.
2. Please let me know if you or your team would like to attend our stress management group for staff.
3. I noticed that most medical students *pontang* their psychiatric postings and your houseman was probably one of them, given the quality of this referral. I have attached a glossary of psychiatric terms for his continuous education.

Date & Time **Name / Signature / MCR No.**

Glossary of psychiatric terms

1. *Agitation – how you should be feeling after reading my reply.*
2. *Amnesia – medical students or residents never mug and* ba bodoh.
3. *Anhedonia – a loss of interest.* Cheem *term to make psychiatrists look more pro.*
4. *Anorexia – appetite on on-call days.*
5. *Anti-psychiatry – most surgeons, physicians and medical students.*
6. *Belle indifference – a surprising lack of concern for apparently severe functional disability. For example, the resident had belle indifference to his terrible history taking during his Clinical Assessment of Skills & Competencies exam.*
7. *Bulimia – appetite on post-call days.*
8. *Confabulation – my resident's history taking. For example, believing that formative learning can work in a Singapore system.*
9. *Coprolalia – a forced vocalisation of obscene words or phrases, often preceded by a meeting with hospital administrators.*
10. *Delusion – a false, unshakeable and unshared belief. For example, believing that formative assessment can work in* kiasu *examination-orientated Singapore.*
11. *Double depression – a combination of dysthymia and depressive illness. For example, being a psychiatrist and being on-call.*
12. *Egocentrism – preoccupation with one's internal world. Egocentrics regard themselves and their own opinions or interests as being the most important or valid. Found mostly in children and some residents who believe that their training schedules are more important than service provision.*
13. *Grandiosity – what associate consultants and above suffer from.*
14. *Logorrhoea – verbal diarrhoea. A common occurrence in senior doctors who have a lot of stories to tell from the past.*

Note: terms beginning with M *to* Z *will follow in the next blue letter!*

Disclaimer

The author of this blue letter reply has been examined on four separate occasions and found to be fit for practice. Nevertheless, he has been severely reprimanded for not including the date and time, and thus, not being Joint Commission International-compliant. SMA

Dr Lim Boon Leng is resigned to the fact that he is a psychiatrist during office hours and aunt agony to friends and relatives during after-hours.