

# The **Unsung** Medical Heroes

By A/Prof Chin Jing Jih

**D**ecember is here again. Except for those who have year-end targets to meet, most Singaporeans find the weeks leading up to Christmas a time for relaxation and cheer. The roads are given a break from parents rushing their kids to school, and the cooler (and wetter) weather brings some relief from the scorching heat of preceding months.

Perhaps, the medical profession too deserves a break from the much negative media exposure it has received in recent months. While there were some good news, quite a few media reports reflected negatively on the practitioners and the profession's ability to self-regulate. While it is undeniable that some of this unfavourable publicity is of interest and importance to the general public, it should not detract us from the comforting reality that most practitioners in Singapore remain ethical, professional and are generally trusted, well respected, if not well loved, by their patients. It is indeed unfortunate if a few incidents can critically erode public trust and confidence in the profession.

I had initially intended to do a safe but predictable "the year in review" article for this issue of *SMA News*. But these recent events and ensuing media publicity have prompted me to wonder if altruism and compassion is still very much alive in our profession. Do we not still have a sizeable number of white knights, who in their own quiet ways, go beyond the call of duty without expecting any returns, accolades or positive media attention? Since Christmas is just around the corner, I thought it may be a good opportunity for me to do a stocktake on some of the altruistic and compassionate acts of doctors which, as the *SMA News* Editor puts it, are things which make the heart warm and fuzzy. As much as I wish to, I will not be able to name any of the doctors mentioned. These true heroes would naturally prefer to remain anonymous, and it is not my intent at all to glorify any particular person in this article. But it should not come as a surprise if any of the accounts below seems to remind you about a doctor that you know, or it may even be about you, simply because these doctors are real and exist among us.

The first group of doctors that come to mind are those who are frequently or regularly involved in humanitarian medical missions. Some of these medical missions are emergent in nature, and these volunteers will have to pack

and leave on short notice when a major disaster occurs in another part of the world. Some may be elective or planned, but nonetheless, they involve a period of absence from regular practice ranging from days to months, and for some, even years. With the exception of those who are more fortunate and receive better support in terms of unrecorded leave, free supplies and paid transportation, many are known to take their own annual leave or close their clinics temporarily at their own expense. There are also inherent risks as these humanitarian missions tend to take place in hazardous environments after a natural disaster has occurred or in developing countries with lesser medical facilities and supplies. There are also professional and ethical issues, such as professional registration, standard of care, conflict of interests and informed consent that confront practitioners participating in such missions. Undeterred, many of our doctors continue to volunteer for such missions, and it is also heartening to observe that an increasing number of our medical students are showing interests in such altruistic activities.

Another group worthy of mention are doctors who have dedicated many hours of professional services volunteering in charitable welfare organisations and healthcare facilities as board members, medical advisors or medical service providers. Not surprisingly, this is true volunteer work without any form of remuneration or financial compensation. Like overseas medical missions, such "local medical missions" demand equal, if not higher, standards of governance and professionalism as medical practice, and consume a significant proportion of the volunteers' energy and time meant for rest, leisure and family.

There are many practices associated with our profession and the practitioners which are never mandated by law, but which society has, over the years, come to expect as professional obligations. Failure to carry out these practices often invites the unfavourable label of a doctor lacking in compassion, or worse, in ethics.

One example is the waiver or reduction in professional fees, as well as cost of medications, by doctors for financially challenged patients. Such pro bono work are done in a private and quiet way, and certainly does not receive the same kind of publicity and formal acknowledgement as, for example, the pro bono work done by our legal counterparts.



Such compassion is also rarely, if ever, matched by an equal dose of generosity by reducing the ever-rising clinic rentals and overheads. And it can become challenging when such "charity cases" grow to a sizeable number as reputation of the kind doctors' compassion spreads among the poorer heartlanders.

Yet another well-known, though sometimes controversial, example is when doctors readily respond to medical emergencies while off duty, outside their usual workplace. Many doctors have had their own experience of responding to appeals to render medical help to a fellow traveller with unanticipated need while in a plane or ship. Most of us will continue to volunteer without any second thought, despite the lack of clarity in some jurisdictions on the legal position of the Good Samaritan principle, not forgetting that conditions are often less than ideal for delivering good and competent medical care. The lack of legal obligations has not stopped doctors from rendering emergency medical help whenever the need arises, as most of us accept unquestioningly the ethical obligation to respond whenever our professional skills are needed.

Then, there are those doctors who, in order to attend to their patients, voluntarily skip meals (the "empty stomach, full bladder" syndrome) or personal engagements, or work beyond official working hours, almost invariably without monetary compensation. While on one hand, the patient safety movement has prompted greater awareness and protection for patients (and doctors) against long working hours today, patients, their illnesses and family dynamics have also become increasingly complex, requiring extended time and energy from their doctors. Many doctors have long managed such tensions by drawing on their own personal reserves of social time. While I wholeheartedly agree that doctors need to actively pursue a work-life balance, it should in no way take credit away from these doctors' professional dedication, genuine concern and commitment for their patients' holistic well-being. Again, hardly any of them do this in the hope of any rewards or awards. And often, such efforts are underappreciated and yet demanded as an obligatory service.

One last point. During the Sars epidemic in 2003, medical (and nursing) colleagues perished in the course of duty. When these fatalities occurred, there were still much uncertainty and anxiety. As one of those directly involved in front line patient care in Tan Tock Seng Hospital during the national epidemic, much of my emotional memory was associated with a genuine sense of fear and anguish each day

as my colleagues and I stepped into the wards in our N95 masks. But I can also vouch for my fellow doctors then, that, unlike in some other countries, the thought of abandoning our post has never seriously crossed the minds of a single doctor in Singapore. Even if it did, the records will assure us that everyone stayed till the end, including the GPs in public and private practice who continued to run fever clinics at the front line of the Sars battlefield. Public opinion and appreciation for the medical professionals and healthcare institutions soared during the epidemic and in the immediate post-epidemic period. But not all were subsequently given individual recognition or public award for their grit and courage. Regardless, the profession, I believe, is ever ready for another epidemic of similar or greater proportions. Next year marks the tenth anniversary of this highly memorable episode in the short history of this relatively young nation. It is my hope that the public takes the opportunity to remember the many unsung heroes among the medical profession and view the profession, the values it represents and the role it plays with a greater level of respect and trust.

Before I end, I need to reiterate that it is never my intention here to make an open appeal for public sympathy or for any dramatic show of appreciation, or even to plea for leniency from the media. Not at all. While doctors are not the only professionals associated with altruistic acts and behaviour, altruism and compassion have long been considered by society as synonymous with the medical profession and regarded as core professional virtues, which are almost always expected from its practitioners. The purpose of listing the examples above is to remind ourselves that despite all the negative publicity, we are actually doing well as a profession. And it is only apt that we pay tribute to these unsung heroes who have been diligently doing the right things, albeit quietly, and nurturing the much needed trust between patients and doctors. Not one for complacency, I am happy to infer from my informal observations that the medical profession in Singapore has remained largely trusted and well regarded by patients and the public.

Merry Christmas, and here's wishing everyone in this altruistic and compassionate profession a wiser and more fulfilling year ahead. **SMA**



*A/Prof Chin is President of the 53rd SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.*

