



EXCUSE ME DOCTOR, CAN I RECORD YOUR INSTRUCTIONS PLEASE?

By A/Prof Chin Jing Jih

ALMOST EVERY doctor has his or her own collection of “unforgettable” patients. Some of them remain etched in our brains because they were difficult and unreasonable, and our minds have a propensity to remember the most negative experiences. But others are recalled with joy and satisfaction, and remind us that we have chosen the right profession. And then there are those who have a special place in our long

term memories because they taught us valuable lessons and made us better doctors.

Memorable Mr N

One such patient that I will always remember is Mr N, a retired schoolteacher, whom I met when I was still a medical officer in Geriatric Medicine many years ago. I happened to

be covering the non-subsidised wards during the period when he had quite a few hospital admissions for fluid overload. He had the usual suite of chronic vascular diseases – diabetes mellitus, hypertension and dyslipidaemia, complicated by renal impairment and congestive cardiac failure. In today's terms, he would probably be called a "frequent flyer" as he was admitted at least three to four times a year, usually for fluid overload. He was your typical geriatric patient with a long and complex list of essential medications.

But he was also an intriguing man with many idiosyncrasies. His hospital bed was always covered with a mess of books. And once his condition improved and he became more comfortable, his tendency to hoard various objects began to show. Mr N also had unique views and opinions about almost everything, which he never ceased to share endlessly with a junior doctor like me, like a discipline master lecturing an errant schoolboy.

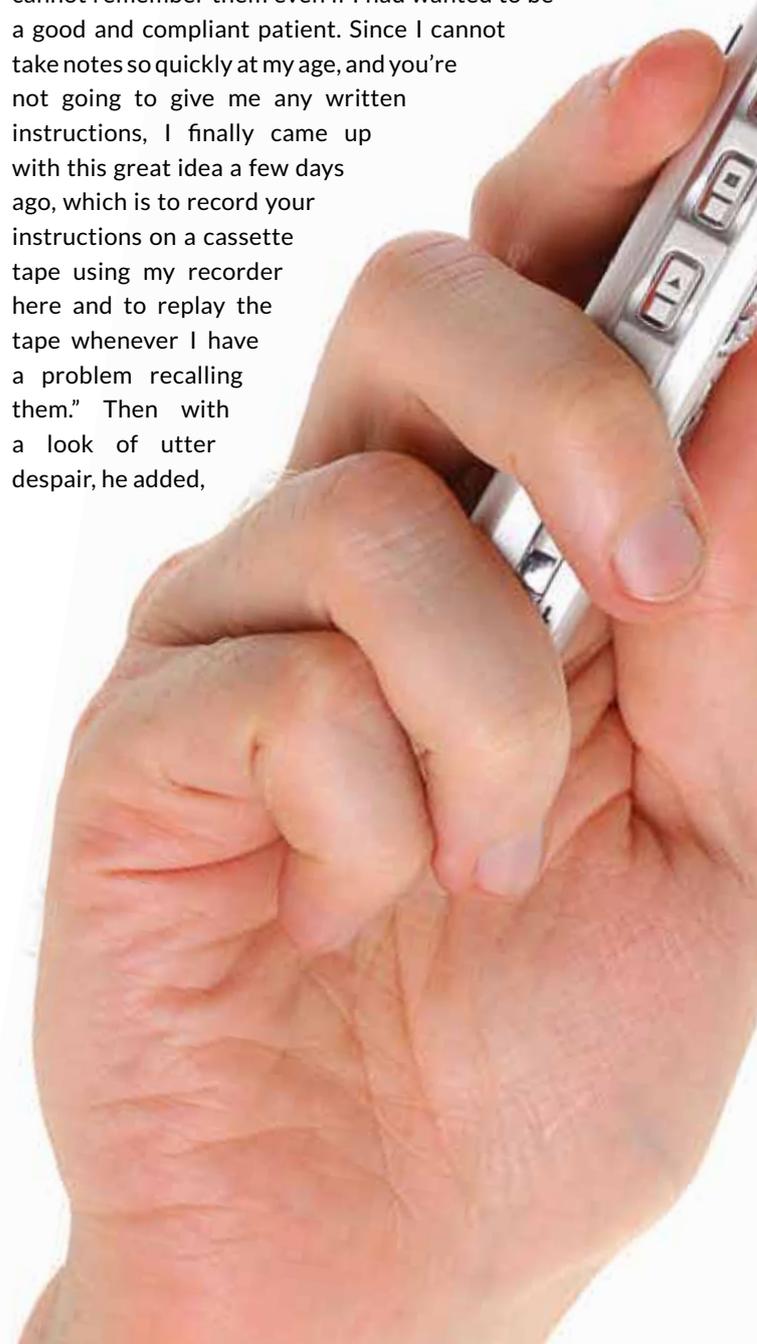
One of the curious things that he did whenever he was hospitalised, was to bring along his eye-catching Toshiba Bombeat radio and cassette tape player. (For the benefit of young readers, a cassette tape is a magnetic tape recording format for audio recording and playback, somewhat equivalent to the music CD today.) To begin with, that particular electronic equipment was quite incompatible with his age as the model he owned was more commonly seen on the shoulders of young men heading for street dancing during the 1980s. We all thought he only used the Bombeat to play his favourite classical pieces by Gustav Mahler and Richard Strauss, until one day, when he showed us that the device had another important function while he was in the hospital.

That day, my consultant Dr Z and I entered Mr N's room for our routine morning round. He had already come out of his acute exacerbation, and was ready to go home in about one to two days. After we had examined him and decided on treatment, my consultant started to brief him on some post-discharge plans, when he suddenly did something that was rather radical for a patient in the mid-1990s – he pressed the intimidating, bright red "record" button on his Bombeat. We were stunned for a brief moment, before it dawned upon us that he was recording the conversation using the Bombeat. Dr Z froze for several moments, before asking Mr N, alarmed, "What on earth are you doing, Mr N? Don't you know you're not supposed to make any recording of the consultation?" Dr Z also insisted that Mr N delete whatever recording he had made. In fact, he even asked Mr N if he had created similar recordings that had gone unnoticed in the previous days, and to delete them if he had done so.

To our relief, Mr N agreed to stop recording. But he stared at us, looking obviously irritated, and asked, "What is wrong with you people?" Then, as if reading our minds,

he immediately reassured us, "Don't look so nervous. I have no intention of sending any cassette tape recordings to a lawyer. Why should I? You guys have looked after me so well, and I would be an ungrateful idiot to do that!" Relieved by his words, my consultant then asked, "Then why are you doing this recording? Anyway, we have not done or said anything wrong for us to be afraid of lawyers. But it is just very disconcerting to us doctors."

Mr N then gave a wry smile and sighed as he remarked, "You doctors are pathetic. You can't seem to empathise with your patients and appreciate the difficulties that they face." He went on to explain, "I am always reprimanded by you doctors both in the wards and outpatient clinic for failing to carry out your instructions accurately. And you blame me each time when my condition worsens, and when I need hospitalisation. But do you realise that you doctors have a tendency to just rattle off a long list of instructions and treatment plans, often in some technical jargon which I have to check my medical dictionary to understand? And because there are many instructions to follow, I really cannot remember them even if I had wanted to be a good and compliant patient. Since I cannot take notes so quickly at my age, and you're not going to give me any written instructions, I finally came up with this great idea a few days ago, which is to record your instructions on a cassette tape using my recorder here and to replay the tape whenever I have a problem recalling them." Then with a look of utter despair, he added,



“And now you tell me I am not allowed to record your instructions? What do you expect me to do?”

I must confess that Dr Z and I remained speechless for quite a few seconds. Then Dr Z muttered something that sounded like an apology under his breath and ordered me to write down some instructions on a piece of paper to help Mr N remember the adjustments to his medications, along with some of the dos and don'ts at home after he was discharged. At this juncture, Mr N flashed us a cheeky look, suggesting that he truly cherished his “victory”, albeit an incomplete one.

Seeing the light

Soon after that encounter, I started asking myself, why had Dr Z and I reacted so defensively, and pounced on Mr N when we found out that he was recording our conversation? It wasn't as if we had been saying something potentially liable. It had also been done quite openly and overtly, even though Mr N did not declare nor seek permission from the doctors, he had certainly not hidden his intent.

It was also not a case where we lacked confidence in the instructions that we were giving to Mr N. We simply just jumped and responded instinctively to an act that we thought was threatening and disrespectful. The truth is, had Mr N been taking verbatim notes, we probably would not have reacted so tensely. I therefore concluded that there was an element of irrational fear towards any form of audio recording. But if our instructions had been based on sound medical principles, why should we be so fearful?

Some will argue that such recordings may be used out of context and could therefore be used to misrepresent what doctors had said. But doctors can insist that patients use these recordings only for personal reference and in the proper context. What is important is the transparent act of declaring or asking for permission, so that doctor-patient trust is enhanced rather than eroded, as in the case of secret recordings.

Our exchange with Mr N that morning was certainly an epiphany for me. It made me re-examine my professional perspective towards doctors' communication with patients and their families, and also set me asking: What are we trying to achieve when we give instructions to patients? Has the doctor discharged his duties by merely dumping a load of information and instructions on patients and their caregivers? To make matters worse, as Mr N said, the one-way communication is often filled with medical terminologies, and do not offer patients and caregivers ample opportunity to seek clarification or ask questions.

The truth of what Mr N said became immensely clear to me. Doctors tend to overload patients and caregivers with

a flood of information. This is then followed by a long list of directives and advice, which these untrained recipients are expected to have the same cerebral power as medical students, to register, digest and recall the instructions. Perhaps it is because as doctors, we are often rushed for time. Perhaps it is due to our familiarity with the subject that we too often fail to remember that we are talking to laypersons. To further compound this, such communication often involves the breaking of unwelcome news, which creates anxiety and fear in patients, thereby making them poor receivers of more information. No wonder so many of them suffer from recall failure and end up being labelled as “poorly compliant patients” despite their best efforts.

In the same manner, many new domestic helpers, who have just arrived from their home countries, are taken to the wards and given crash courses on nasogastric tube feeding by trained nurses. After a few sessions, they are expected to remember the details, and be adequately careful and competent at carrying out the feeding, which includes checking the placement of the feeding tube. Are we not expecting too much of poor ladies who probably thought they were coming to Singapore to do simple floor mopping and dishwashing?

So when patients find the need to record their doctors' verbal instructions, it is really their way of crying for help. Like Mr N, they are indirectly telling their doctors: “I want to remember your instructions and follow them carefully, but I know no other way and have no other help to achieve that.” As doctors, we should respond empathically by finding ways to empower patients and their caregivers. We can gracefully allow the recording of our verbal instructions and answers to their questions. If we are not comfortable with such live recordings, we can provide them with a pre-recorded DVD, or a list of important information and instructions. The use of appropriate memory aids will go a long way to ensure compliance, avoid medical errors, and help patients play an active role in taking care of themselves.

To this day, I am always grateful to Mr N for helping me to be a more effective medical practitioner. In his highly unconventional and unforgettable manner, he has taught me the importance of seeing things from the patient's perspective, a lesson that has proven to be useful beyond doctor-patient communication. ■



A/Prof Chin is President of the 55th 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.