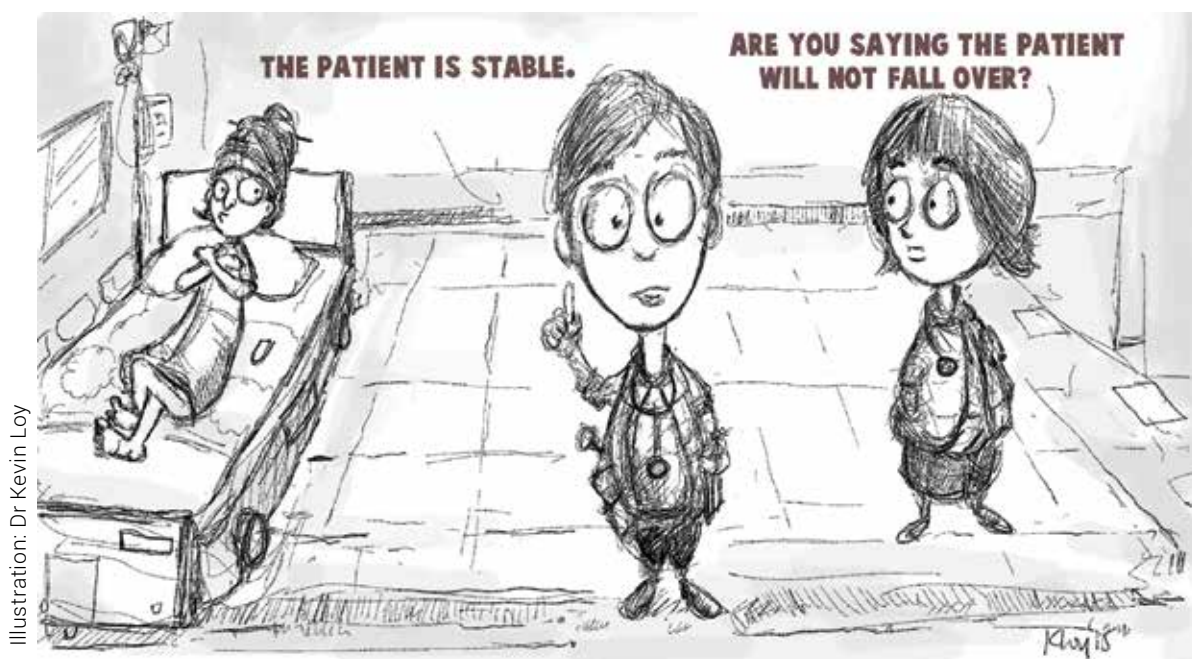


LOST IN TRANSLATION

— INTEGRATING FOREIGN-TRAINED DOCTORS



PROFILE

TEXT BY

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The local newspapers recently reported on the increasing number of foreign practising doctors in Singapore, citing a figure of more than 2,100 currently employed in public hospitals and polyclinics. The influx was to meet the increasing demand for medical services here, especially with the inevitable ageing of our population and the rise in incidence of chronic diseases. The gap in supply of doctors has not yet been met by our three medical schools, which enrol about 460 students a year, a figure that has doubled since a decade ago. It will be some time before these medical undergraduates become full-fledged practising physicians.

Regarding the integration of foreign doctors into our healthcare system, a reporter commented that it matters not where a doctor was born or what languages he speaks. What is important is that he is knowledgeable, experienced and caring. While this is certainly true, there are nevertheless problems associated with foreign doctors practising in an unfamiliar healthcare system.

Reports from the UK have highlighted concerns that doctors who were qualified outside the UK were proportionally more likely to be subjected to an investigation by the General Medical Council about issues such as poor clinical skills and knowledge, lack of knowledge of the law or codes, and inadequate participation in medical education.¹

I wrote to the *Straits Times Forum* in November 2015 (reprinted on page 12) to point out that foreign-trained doctors include both foreign doctors and Singaporean doctors trained overseas. Although the percentage of foreign-trained doctors in Singapore has grown slightly from 36.45 per cent in 2011 to 41.42 per cent last year, the total proportion is not an insignificant number.

SMA is of the opinion that this group of overseas-trained doctors requires some form of assimilation into the local medical practice environment. For foreign doctors, the need is greater because of language and communication barriers and

difficulties in understanding the local culture. For Singaporeans trained overseas, they will also need to understand our healthcare system, health financing policies and health laws in detail, and ultimately adapt to the way medicine is practised here. Both groups are at risk of culture shock if they were thrown head first into the wards and clinics. Our highly stressful work environment is like the deep end of a learning pool, and trying to stay afloat will be a huge struggle for any foreign-trained doctor who joins the system. The stress and anxieties, along with the risk of medical error from trying to quickly assimilate should be minimised, even if it cannot be entirely avoided.

INDETERMINACY OF TRANSLATION

Good communication is a critical component in any relationship, and this is especially true in the doctor-patient relationship, which is based on trust and mutual understanding. If predominantly English-speaking foreign-trained doctors had difficulty with communication in an English-speaking country such as the UK, there would doubtlessly be language barriers in a multi-ethnic country such as Singapore.

Doctors who speak a foreign language have the option to use translators to help them overcome barriers in communication. Unfortunately, translators are far from ideal and cannot replace the intimacy of a direct exchange. We know that the presence of a third party in a confidential setting such as a medical consultation will alter the dynamics of the encounter. Patients are less willing to speak up, especially regarding their personal problems, or raise questions that they perceive to be embarrassing.

American philosopher Willard van Orman Quine coined the term "indeterminacy of translation" and argued that it is impossible to communicate the full extent of one's intended meaning in another language. This is because an individual's understanding of language is dependent on his or her native language, which is in turn shaped by that individual's cultural and societal upbringing. The presence of a translator makes communication one step removed

from the original intended meaning, as the final message communicated is dependent on the translator's own understanding, subjective interpretation and emotional response. It is like the game of Chinese Whispers, where one person whispers a message to the next in line, through a row of players. The resultant message often becomes modified far beyond its original composition and meaning as the message gets passed on.

Even though more Singaporeans are now able to converse in English and doctors can often do without a translator, communicating with Singaporeans can still be a colourful affair.

UNIQUELY SINGAPORE

Our language is both a source of national pride and academic scorn among Singaporeans. On the surface, a native English speaker will find it easy enough to navigate our streets and buildings due to the universal use of English in our signs and notice boards. The spoken language, however, often presents a challenge. Not only do we speak Singlish, which can be challenging to figure out by itself, but we often speak it at a rapid rate, which makes it even less comprehensible. On top of the four official languages, dialects such as Cantonese, Teochew and Hokkien are also frequently used among Chinese speakers.

The practice of medicine in our local context is subject to cultural and religious norms among our population. Traditional Chinese Medicine (TCM) is widely available in Singapore and many patients, both Chinese and non-Chinese, regularly see TCM practitioners or take traditional medicines for relief of symptoms. The philosophy of TCM is very different from that of Western medicine, and is based on the principle of yin and yang. For example, patients often relate their symptoms to the notion of internal balance, and may ask doctors if their symptoms are due to "heat" or "cold". Use of over-the-counter traditional medication, such as *pi pa gao* for cough and *po chai* pills for gastrointestinal ailments, is also widespread. Doctors practising in Singapore need to have a good knowledge of local alternatives

to better understand the patient's health beliefs.

Muslims observing the fasting month of Ramadan is a good example of how local medical practice needs to consider religious practices. As fasting patients are not able to take oral medication during the day, doctors need to adjust their prescriptions to allow a twice daily dosage.

Foreign-trained doctors would also need to brush up on their knowledge of our healthcare system, finance and regulatory framework. The legislative requirements that apply to doctors include the Medical Registration Act, the Private Hospitals and Medical Clinics Act, Infectious Diseases Act, Poisons Act, to name just a few. The "3M" of healthcare financing, Medisave, MediShield Life and Medifund, are constantly evolving and can be confusing even for medical professionals.

ROLE OF SMA

Since 2011, SMA has been organising seminars for foreign-trained doctors to provide insights into the Singapore healthcare system and help our colleagues assimilate into our society. The problem is that these doctors enter our system at different times and have varying needs. While a half-day seminar is useful as an introduction to local culture, it is difficult to reach out to the vast majority of foreign-trained doctors. A more formalised approach, with courses on health law, ethics and professionalism held at regular intervals, would be better placed to serve the needs of this group of doctors.

The process of assimilation takes personal time and effort. Foreign-trained doctors should join a voluntary professional organisation such as the SMA and make use of the many educational seminars and social events to establish connections with our local doctors, who are very willing to help them navigate the intricacies of our local culture and healthcare landscape. ♦

Reference

1. National Clinical Assessment Service. Concerns about professional practice and associations with age, gender, place of qualification and ethnicity - 2009/10 data. Available at: <http://www.ncas.nhs.uk/publications/>.