



# THE DILEMMA OF Medical Leave

## PROFILE



TEXT BY

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Dr Alex Wong is a GP by day, an entertainer of young children by afternoon and a dreamer by night. He's currently self-employed but hopes someday to be permanently unemployed, so that he can spend his days playing with his daughter instead.

**ONE OF THE MANY**

He sat opposite me twiddling his fingers, or rather those fingertips not wrapped in plaster. He looked sombre in his neatly tucked, sweat-stained plaid shirt and grey pants. Looking curiously around the room, his gaze finally settled on me banging away furiously on my keyboard.

"Doctor, I build this room." He said tentatively, flashing me a wide smile, complete with a set of perfectly white ivories.

"Excuse me?" I muttered, barely looking up.

"I build this room!" he repeated, this time more emphatically.

"Oh?" I paused and looked up briefly, long enough to give him a perfunctory smile and ruminate on the irony of treating a worker in the very room he has built. His was no gaze of curiosity; it's the tentative gaze of an artist, surveying his proud work with a loving eye. Some long, disused emotion stirred within me – compassion, or at least some poorly resuscitated shade of it. A part of me yearned to talk to him more over this shared revelation, but my Bengali is limited to the word "Sash" and the queue outside was then four hours long.

"OK. See hand doctor next week, OK? I give you medical certificate (MC) one week."

"No give one week!" The final word rolled off his tongue in thick Bengali accent. "Take many days, boss send me home. Give two days, doctor," he almost pleaded.

"No, no, brother. No get better two days. Boss no happy, you call Ministry of Manpower (MOM). Complain, OK? You take one week hospital leave. No same as medical leave," I replied.

"Boss no good. No good complain. Contract company no want, boss send me home." His voice was thick with emotion. The word "home" tinged with both longing and terror.

We haggled like a pair of fishmongers over the number of days of MC for a few minutes. Finally, with some degree of disquiet, I acquiesced. The queue awaited and I couldn't afford to drag it out any longer. The foreign worker exited my room and disappeared into the sea of A&E patients. I watched him go and thought about how rich I would be if I got ten dollars for every foreign worker who told me, "Boss, no good. Take many MC will send me home."

I soon forgot about him until I read a few months later about a colleague who has been prosecuted for not issuing sufficient medical leave.

I'm torn of course. I remember my room-building friend and all the other "brothers" that I occasionally see pro bono in Little India and my heart burns a little for them. Yet, when a colleague was prosecuted and a certain charity organisation crowed victory about how "justice had been served", I wonder about the wisdom of prosecuting a doctor for giving insufficient medical leave and the precedent that sets for the rest of us. Perhaps we have oversimplified the issue and misdirected our attention, much to the detriment of our profession.

I say "oversimplified" because the problem is larger than one single errant physician; "misdirected" because labelling this as an issue of poor medical ethics distracts us from our foreign workers' true plight; and "to the detriment of our profession" because excessive litigation and legislation are never good things for medicine as a whole.

## THE ISSUE AT HAND

At the core of the issue is this question: What sort of healthcare system have we built that places the welfare of an injured foreign worker squarely and solely into the hands of a corporate doctor and all his attendant commercial concerns?

Much has been made in foreign news media of our beloved "Disneyland with the death penalty", also known as "Singapore Incorporated". To me, it's largely hogwash. I love our island city fiercely and will defend it till the aggressor pries my SAR21 from my cold, dead hands. But one criticism that has persistently rung true to me is the issue of inadequate healthcare coverage for our cheaply imported foreign labour. It's a thorny problem of course, with many questions to be answered. Who pays for them

and why? What sort of medical and safety standards do we set and how do we go about enforcing standards? Do we simply place this weight upon the shoulders of private physicians and expect a good outcome for these workers?

Raising this as an issue of medical ethics, particularly in the absence of clear guidelines, fudges the issue and distracts us from real solutions. What's worse, it sets a dangerous precedent where one previously did not exist. When even the amount of medical leave a doctor gives becomes a legal or legislated issue, it bodes poorly for the medical profession and by extension, the patients we serve.

Like many other aspects of medicine, the amount of medical leave given is a negotiated agreement. Sometimes the patient wants more medical leave, sometimes he wants less. Those of us who frequent the foreign worker circuit could probably fill a phone book with names of foreign workers who've asked for only two days of MC. A lawyer will tell you that you should document that the patient declined medical leave. As doctors, we know this is not always the case. Things aren't written for all sorts of reasons. Sometimes the patient doesn't want it written. Sometimes the foreman tells us that he will give the patient unofficial leave instead because the company will penalise the patient for taking official medical leave. Sometimes the doctor is simply too busy and forgets. Over-documentation leads to long queues with doctors more interested in scribing than in seeing patients.

Who pays for all this defensive medicine? The patient, of course. There is ultimately only one payer in the system. I am therefore wary of what it means for medicine when we start down the slippery slope of prosecuting doctors for something as vague as the amount of medical leave given.

If two days MC is insufficient, is there a guideline that says four days is? How did this number come about anyway? Of course we *do* know how this number came about. It's an MOM key performance indicator (KPI) that requires employers to report work-related accidents to MOM once the total MC exceeds three days. Employers are (correctly) pressured to reduce worksite incidents. But when a worksite incident is arbitrarily designated as anything with an MC duration of three days or more issued, guess what happens?

Of course everything should be done to prevent worksite incidents, but let's accept the reality that despite the best of precautions, bad things do happen. When you set arbitrary KPIs on worksite incidents, what you get is the equivalent of the Great Leap Forward in China, with peasants trying to smelt pig iron from good steel just to reach target production numbers. People will bend numbers in all sorts of silly ways to meet an unattainable goal.

## FINAL WORDS

Far better to tackle the greater problem at its core: Set clear safety guidelines and have comprehensive follow-ups, and review each incident on a case-by-case basis rather than simply setting a number as a KPI. Put robust healthcare systems in place to take care of our foreign workers who currently depend very much on the unequal dynamics between worker and employer.

Finally, if I may be so bold as to suggest this: the fate of a foreign worker's health should not rest squarely and solely in the hands of a single private physician, who is after all yet another employee of a perhaps over-corporatised system. As physicians, we have long worn many hats and dealt with social issues far beyond the scope of purely physical illnesses, but "Company HR" is another hat that I would cheerfully live without. ♦