

Remembering the need for KINDNESS

Text by Dr Tan Yia Swam

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice in mid-2019, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.



For those who were curious as to how I became a Nominated Member of Parliament (NMP), this was how it came to be.

The public call for NMP nominations took place in late October 2020. The Academy of Medicine, Singapore was tasked to be the coordinator for the "Professions" Functional Group, which consists of 13 professional bodies (PB). Out of eight names nominated by the different PBs, the two names which received the most votes by the respective representatives were submitted to the Parliamentary Clerk.

The selection process involved preparing an updated CV, and an essay of the issues I wanted to champion. Candidates were invited to an interview by the Selection Committee, comprising eight Members of Parliament and Ministers. Imagine being seated across a grand wooden table, speaking into a microphone while eight prominent figures scrutinise you. It was no joke; I found it more stressful than the final exit examination viva. Hearing the Committee say "there is no right or wrong answer", or "what do you think I'm asking you?" really induced some post-traumatic stress disorder flashbacks!

Then we waited for results. The newspapers announced the news on 14 January 2021: nine were selected out of the 61 candidates. The official appointment was conducted on 21 January 2021. The subsequent weeks were a whirlwind of orientation and briefings by various ministries, with

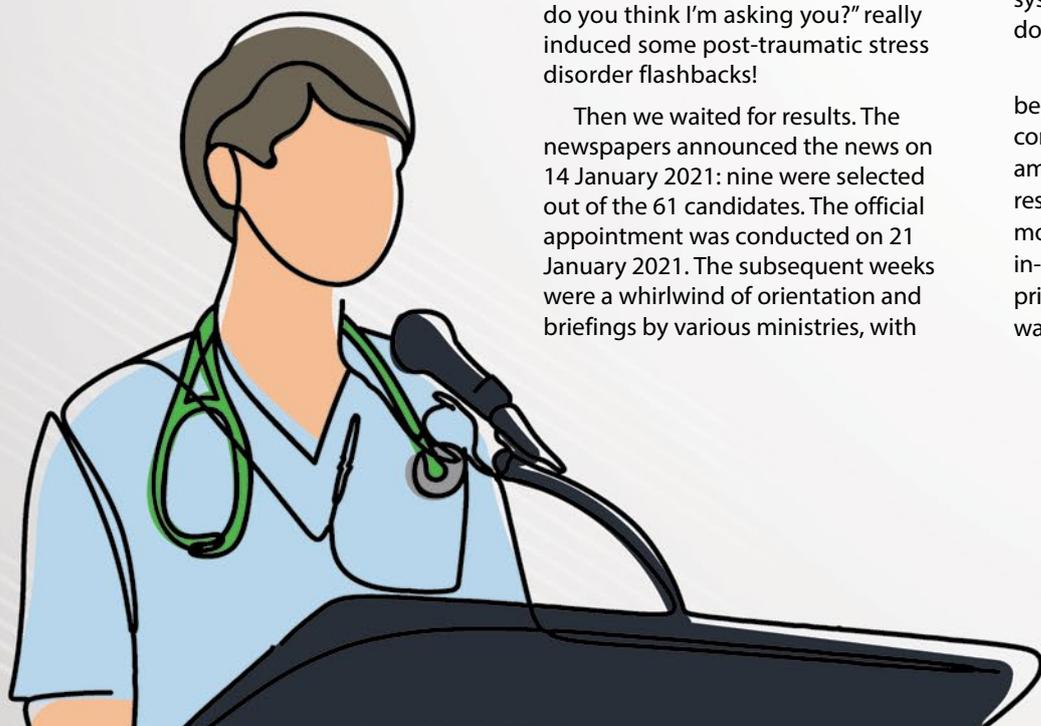
our swearing-in and first Parliamentary sitting on 1 February 2021. That started at 12 pm and ended around 9 pm; followed by part two the following day, from 12 pm to 6 pm!

Speaking up for healthcare issues

It was really fascinating witnessing the debates, discussions on bills and motions. Now that Parliament proceedings are live-streamed, I encourage everyone to tune in and see for yourself the different styles of speeches, delivery of content, and the demonstration of critical thinking and analysis.

By the time this column is published, I would have had the chance to speak during the subsequent weeks of Budget debates, including the Committee of Supply debates after the Budget Statement that was delivered on 16 February. There is a very specific formality as to how to raise queries and how to speak. It is a whole new arena, and I have much to learn about navigating the system and representing the concerns of doctors and patients at a national level.

It was not an easy decision to agree to be nominated in the first place. The time commitment needed is tremendous. I am keenly aware of my other roles and responsibilities as a medical doctor, a mother, a wife, a daughter and daughter-in-law. Not to mention that my small private practice is still growing, and I also want time for myself and friends!



However, this is a chance for me to practise what I preach and to step up to serve when given the chance. After discussions with various friends and some soul-searching, I believe my roles as the SMA President and NMP are complementary.

The issues I will speak on are mainly healthcare related: to bring up the ground concerns on how changes in insurance policies have affected private practice, and my strong belief that we need to reclaim the doctor-patient relationship. Other issues close to my heart include mental health and wellness, as well as striving for equality in our society – starting from something as simple as **kindness**.

Keeping the patient in focus

This issue's focus on the medical humanities is a timely acknowledgement of how closely intertwined the mind and body are. While medical advancements pride themselves on good scientific methods to push forward new discoveries and treatments, the clinical practice of medicine involves more than that.

We have to keep the patient at the heart of all that we do.

While certain treatments may be shown to be the "best", are they necessarily the most appropriate for the patient? What are the patient's ideals, concerns and expectations? While some patients are forthcoming with their concerns, including financial constraints and social deadlines (eg, waiting for grandkids to return from overseas before proceeding with a major surgery), some

would keep these private. They all have their own reasons – they might feel that it is not relevant to their care, not the doctor's business to know, or be embarrassed by it.

This is when non-verbal cues, or our emotional intelligence, come in useful – to realise that there is something more and to hopefully be able to tease it out. Some have psychiatric conditions (whether diagnosed or not) which colour their decision-making processes and our interactions. Anxiety, depression, simmering anger from chronic stresses, apathy, paranoia... I am sure most of us would have encountered patients with these emotions at some point. Some training and experience may be needed for one to know how to stay objective, and avoid countertransference! Think about it – how many patient complaints were due to these unhappy encounters, rather than a real medical error? I know there are courses on how to manage these incidents, but I am urging for something even simpler – to just be **kinder** and to place yourself in the other party's shoes.

Applying lessons to oneself

This is something I have been actively putting into practice in many aspects of my life as well. Take interactions with my kids as an example – why don't they just follow my instructions? But I realised that just telling my three-year-old, "Don't touch the boiling kettle!" will not work. Mere instructions might not make sense to young children ("Why not? Look at that smoke coming out, it's so cool! And it whistles!").

I thus have to explain to them in a way that they would understand ("It's hot, it will burn you, like the sun"), or try out other ways like gamification or having a reward system to achieve the outcome I desire. If all else fails, we either have to let them proceed with their own plans and face the consequences (*touch it, get burnt and cry*), or impose strict punishments (*time-out!*). Otherwise, it would be my failing as their parent.

Taking care and reaching out

As the SMA President, I feel the same responsibility for those under my care. In representing our Members, and also thinking on behalf of all doctors and patients, it is a challenge to decide what is best for the profession, even with collective discussions. After which we need to consider how SMA can best present the options to our Members, and what would be a good way to disseminate the information. Finally, how do we engage Members effectively – to garner feedback and have meaningful discussions?

I am still exploring different ways – through this column, various sporadic interactions on social media, and through personal interactions with those of you I know in real life. If you are reading this, do drop us a note at sma@sma.org.sg, so I may know that these words are read, and not just going to end up in some obscure corner of cyberspace forever! ♦

Legend

1. Dr Tan (first row, second from the left) at the Singapore Medical Society of Ireland, Singapore Medical Society of the United Kingdom and SMA meet-up in 2019

