

# Patients and Patience by Dr Daniel Fung

**T**he stethoscope is an instrument designed to help us hear sounds in order to diagnose disease. For many, the stethoscope is the mark of a doctor. I remember my first day wearing the stethoscope around my neck. It was a nice feeling. But have we become so dependent on the stethoscope to hear heart sounds that we no longer have time for a heart-to-heart talk with our patients?

Recently the press has been deluged by a constant stream of articles stressing the need for doctors to reduce waiting time and improve their communication. I felt moved to write this piece when I read of how Singaporean doctors are now being asked to attend a course on communication to improve their “lack of” communication skills. A writer to the Straits Times also suggested that medical students should attend courses on human relations before they are allowed to graduate. Why is there so much hue and cry over this issue? Is it making a mountain out of a molehill? Or does this strike at the very heart of the practice of medicine?

I think it is a timely reminder of our primary roles as physicians. We need to spend time with our patients. This constant emphasis on reducing waiting time should be tempered with a need to build rapport with the patient. The patient is not buying a service from us. And we are certainly not salesmen, who have to meet some performance targets. I am constantly reminded in my practice of how important a therapeutic alliance is. What good is it if you know what is best for the patient but cannot engage the patient to participate in your proposed treatment?

There is a change in the patients of today. They are better educated, more knowledgeable and want to become involved and have a stake in their own health. Doctors need to recognise this and not try and push their ideas (or pills) on patients. This paradigm shift requires a number of changes to our mindset and I am suggesting some remedies:

## THE FAMILY DOCTOR

Seeing the patient as an equal partner in healthcare is an important start. I used to give advice when parents sought help. It is a little like the “Okay, take two aspirins and see me in the morning” mentality. Today, I like to present a number of possible scenarios, explain the choices available, what I think is best and then ask the parents of the child seeing me, what they would like. Often I also involve the child. What help would he like? By working in such a consultative manner, the patients feel involved and treated (both physically and emotionally). Besides working with patients, responding appropriately to the family members is equally, if not more important. When a person is ill, the repercussions are felt in the entire family. And we in Singapore are still very much a family-centred society. I always make it a point to help improve the way family members communicate and interact. All this would take time to nurture. How can we do this in 10 minutes? I guess this is where working closely with other professionals might help. The nurse could be a great assistant in this area. Another way might be to be observant and watch for signs that patients want information. Some patients want a “quickie” consultation but others may need a longer one. Keep our eyes open (and our ears pricked) for clues. Do we know more than our patients?

## THE FALLIBLE DOCTOR

I used to be ashamed to have to refer to reference materials in front of patients. It seemed to indicate that I did not know what I was doing and reflected on my inexperience and lack of knowledge. Today, I openly admit to patients when I am uncertain. I promise them that I would search for the relevant information and advise them based on the evidence available. I feel it is no shame to be ignorant in the rapidly expanding landscape of medical

science and treatment. In the last 10 years since I left medical school, many aspects of medicine have changed. Just as I may know more about selective mutism than your average doctor, I may have no idea as to what is the best treatment for obstructive sleep apnoea. By showing patients that we are fallible, it is likely that they will forgive us when we make mistakes. Are we allowed to make mistakes?

## THE PERSONAL DOCTOR

Being a personal doctor means taking an active interest in the patient's life. I know that not everyone can like everyone else but we should respect every patient as a fellow human being. I have a bad memory with names. And seeing about 10 families a day, it is next to impossible to remember everyone's names. For the family doctor, it could be 50 or even 100 patients a day. How can we reach people on a personal level without knowing their names? I have a number of ways to deal with this. Most of us can remember faces but need some reminder when it comes to other details. In making my case notes tidy, I often place on the front, a short synopsis of the family tree of the patient that I am seeing. This helps with names and other personal details. That way, we do not just see the patient as a “cough and cold” but as Ah Huat who has 3 children and enjoys a round of golf in Pulau Springs every weekend. I know from my childhood memories that the family doctor that was most popular knew all his patients well enough. Are we losing our personal touch?

We may need to spend some time pondering over these questions. Just as we ask our patients to be patient, we should also make sure we are patient with our patients. I do not suppose there is an easy answer to any of questions I raised. But hey, when is being a doctor easy? Those who have ears (and stethoscopes), let them hear! ■