

## The SMA Commends the Public-Spirited Actions of Dr Boey Kok Hoe and Dr Png Keng Siang Who Gave Medical Attention to a Road Accident Victim in a Four-Vehicle Collision Along Holland Avenue on 28 August 2001

### Editor's Note:

A report on this accident first appeared in the *Straits Times* on 29 August. The following are excerpts from our interviews with Dr Boey Kok Hoe and Dr Png Keng Siang. On the afternoon of 28 August, Dr Boey was in his Holland Avenue clinic when he was alerted to a nearby road accident. With the help of others, he extricated a lorry driver who was trapped in his vehicle and gave him medical attention. He was later joined by Dr Png, who was passing by and stopped to help. After the ST report, SMA President, Prof Low Cheng Hock wrote letters of commendation to Dr Boey and Dr Png. They were also recognised by the Singapore Civil Defence Force for their public-spirited actions.

1. How did you find out about the accident and what prompted you to help?

Dr Boey: I was sitting in my clinic. It was about 1 pm and I did not have any patients to attend to. Then, I heard a commotion outside: a passer-by came to call the doctor in the clinic to help as there had been a road traffic accident. As soon as I located the scene of the accident, I collected my call bag and ran there.

Dr Png: I came upon this terrible traffic jam during lunch time, on my way to NUS. As my car inched forward, I saw an unconscious man lying on the kerb and tended to by passers-by. Then I saw a man with a stethoscope around his neck running up with a resus-kit bag. (Editor's Note: Dr Boey was returning to the accident scene from his clinic a second time) At that moment, the urge to stop and help came upon me. I believe that doctors are morally bound to help a fellow human being in distress. So I turned the car around and parked.

2. What did you do at the scene of the accident? Did you feel adequate in handling the situation?

Dr Boey: The lorry driver was semi-comatose. His legs were trapped by the steering wheel as the front of the lorry had been bashed in by the collision. His head was flopping on his chest and he did not respond to voice commands, only to gentle slaps that his friend was

giving him. I did not see any obvious wounds or deformities initially, but I was afraid he might have sustained some internal injury. His pulse was also thready and I was worried he was going into shock. With the help of his friends, I managed to swivel him around, pulled him gently out of the lorry and carried him to the side of the road.

My first thought was to get an IV line in. Unfortunately, there was no IV set in the bag and I had to run back to the clinic to get one. I subsequently managed to get an IV drip running. Tense minutes passed and the ambulance finally came. I directed the paramedics to secure the IV line. They also applied a cervical collar.

By this time, Dr Png Keng Siang, a Medical Officer from KKH arrived on the scene. He helped to set another IV line while I quickly examined the patient to see if there were any other injuries. Dr Png examined his pupils and concluded that his GCS was low and he probably had some intracranial injury. We helped the paramedics transfer the patient to the stretcher and then into the ambulance.

There were another two victims hurt in the accident: a Chinese man who was probably the front passenger and a Bangladesh man who was sitting in the back of the lorry. The Chinese man had sustained a foot injury but was still hobbling about. He was subsequently evacuated in the same ambulance as the comatose man. The Bangladesh worker was moaning in the back of the lorry. It looked to me as if he had hurt his back or arm but he looked stable. I was unable to attend to him but the other SCDF guys managed to put him on a stretcher and carried him to the side of the road. When the first patient was in the ambulance, I examined the worker and ascertained that he was stable but in pain. He was also evacuated to the hospital.

Dr Png: It was basic ABCs and triaging. I believe that any doctor would have no problems technically dealing with the situation. ATLS has been well-drilled into every doctor. And who can forget

those terrible medical calls when the resus-trolley had to be wheeled from one collapse to another?

3. What was your reaction to enquiries from the Press?

Dr Boey: I was curious and asked the ST reporter interviewing me why this was so newsworthy. The reporter said that although RTAs happened frequently, it was rare that someone would actually help. I could not help feeling that he actually meant that doctors were unwilling to help. I told him that this was not the first time doctors from our clinic had attended to victims of RTAs and other accidents and I was sure most other doctors would also have had similar experiences and had helped.

He asked me this interesting question, "Do you think that what you did was very special and that your effort should be acknowledged?" I replied that it was nothing special and I was just glad to have had the training to help.

Dr Png: The ST journalist asked me what made me stop to help. I told her: the man was unconscious. To you the reader, I can gladly say: his GCS was poor; he was in a coma. I could not bring myself to walk away from a comatose person. He had become a "patient" from the moment I saw him.

4. What was the feedback/ reaction from others who have read the ST report? How did you feel?

Dr Boey: Most of my patients, relatives and friends were most kind with their hearty praises and their sincere congratulations. The nicest compliments actually came from a doctor friend who said that what I did was not unexpected, and a patient who wrote me a card saying he was not at all surprised I was willing to help. I am grateful to them for their faith in me.

Also, although I was awarded a testimonial from the SCDF and this was highlighted in the press, I feel more

### About the interviewees:

Dr Boey (MBBS, 1990) graduated from NUS. A GP in private practice, he spends his free time with his family. He also enjoys tinkering with the latest IT gadgets and reading history books and biographies.

Dr Png (MBBS, 2000) also graduated from NUS. He is a first year Medical Officer doing his posting at the KK Paediatric Orthopaedics Department.

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encouraged by a congratulatory letter from Prof Low Cheng Hock, President of the SMA and a person I greatly respect.

The public's opinion of you sways with the words that are written about you, sometimes unfairly and wrongly. I would rather be well thought of by my peers and fellow doctors, and be judged by them if necessary.

Dr Png: I have also received Prof Low's kind letter of commendation, which I will greatly treasure, coming from a man of great stature and respect in the medical community.

After exchanging experiences with some of my colleagues and consultants, I was heartened that there are many doctors who had given emergency first aid to people who fell ill at public places. As a junior MO, knowing this gives me great faith in the profession.

5. What is your reflection on the incident considering that you were treating 'strangers' and had assumed medico-legal responsibility on providing medical assistance?

Dr Boey: I did not hesitate in this incident as I knew someone was seriously hurt and I might be able to make a difference. In other instances, I have been grumpy when I was called to attend to obviously trivial cases, eg. young ladies who had vasovagal syncope, fat people who sprained their ankles and could not walk to my clinic, etc. However, I still went to attend to them.

The sad fact is our patients and community expect us as doctors to be a little bit more compassionate, altruistic and noble, no matter what inconveniences we may be subjected to. In return, we get a little more respect, love and hopefully joy and happiness in knowing we have helped our fellowmen.

The subject of "strangers" and "medico-legal issues" did not cross my mind. All my life, I have wanted to be a doctor, and to be a good one at that. My wife chose medicine so that if a war broke out, she could help relieve pain, suffering and death. If my little boy wants to be a doctor, I will sit him down and let him tell me why, and I will probably encourage him if his heart is right. If there is an adverse outcome after we have helped our fellowmen, and if the worse happens, there will be comfort in knowing that one has tried his best. Greater rewards than the fickle praise of man, will await the faithful and patient toil of the practitioner.

Dr Png: I would like to believe that our small deed had put the medical community in good light.

However, being under public gaze puts tremendous pressure on your every step. What if the victim stops breathing and there is no bag and mask at the scene? What if the victim dies? What are the medico-legal implications? I have to admit that during the resuscitation process, these thoughts did cross my mind. Some of my friends remarked that in this day and age, we have to be careful of "vultures" that will prey on every one of our mistakes.

Having considered all these in retrospect, if I were to come across such an incident again, I still believe that there is much we doctors can do without necessarily putting ourselves at risk of litigation or negative limelight. Perhaps some of us only imagine the worst case scenarios. I have the confidence that most of us will not just walk away from a comatose accident victim especially when emergency resuscitation equipment are already present.

I have done everything in good faith and to the best of my abilities. These simple principles have served me well in my career. I think they apply in all clinical scenarios, whether it be in the wards or under the watchful eyes of the public and media. ■