

Dear Doctor: From A Social Worker *By Viven Quek*

I am a medical social worker (MSW) working within a hospital setting. I spend a considerable amount of time working with the family towards patient care. We often hear people saying that the family is the basic unit of society. This is clearly evident in my work as an MSW. The family is part of the social network from which each patient derives some of his identity. The family provides roles and strong psychological bonds for every patient. In order to work well with the patient, I need to consider this.

In Asia, the family as a social system, is the most important symbol, be it an extended or a nuclear family and depending on the attitudes and beliefs of the family, it also has the capability to promote or impede growth and development of any particular individual within the family.

An illness, whether chronic or acute, short or long-term, affects not only the patient but in addition, influences the family's adaptation to the illness. New coping methods would now have to be employed, role definitions within the family redefined, extra responsibilities may be added and often, the caregivers could experience a sense of loss of their freedom and subjective normality while caring for the loved but sickly one. If the situation is left unmonitored, the caregiver may eventually become what Medalie (1975) described as the concept of "the hidden patient in the family system", that is, either "overtly or covertly developing some pathology to become a real patient".

I am sure that most in the medical profession would have witnessed this phenomenon of the "hidden patient" whereby the patient is "not the real patient" but one of their family members is. Sometimes, it is indeed tragic to discover that an illness has besieged a family member when not long ago, the patient was just diagnosed with an illness. Hence for this reason, it is crucial not to neglect the importance of the family as a social system. Think of it as a bicycle wheel whereby the patient forms the smaller wheel and the family as the larger wheel. Any movement in the smaller wheel will propel a movement in the larger wheel. The reverse holds true when families face problems that may impact the patient's condition.

This is where we, as MSWs, enter

into the arena of analysing the social and emotional issues that affect both the patient and the family as well and finding ways of minimising or resolving these issues that interfere with medical treatment or hindering recovery and rehabilitation. It is a common fallacy amongst the medical profession and the paramedical personnel that the only roles performed by an MSW are to dish out cash and food handouts, help to apply for financial assistance and expedite patient discharges into the community.

Sadly, much of our work is intangible and simply not easily demonstrated to others and it is inevitable that we always have the daunting task of always explaining what is it that we do as medical social workers. While we act as advocates for financial resources and concrete aid for patients in need, we are also involved in many aspects of health care provision, forming part of the multidisciplinary team.

SOCIAL CASEWORK

A patient's admission to a ward would require a comprehensive psychosocial evaluation of the patient's social, psychological and cultural, financial and environmental condition and this is accomplished through casework which basically refers to the building of a therapeutic alliance with the patient and using this positive relationship to help him cope with problems that the patient cannot cope with alone. With our repertoire of counselling skills and professional knowledge, the patient's problems are assessed and dealt with, in accordance to our professional Code of Ethics. Feedback is shared with the medical team to involve them in total patient care. Casework also extends itself to interpreting the medical world to the patient and his family in layman's language, to ease their anxiety and fears in terms of hospitalisation structure and procedures.

FAMILY PSYCHO-EDUCATION

This refers to providing education about the etiology, symptoms about the illness and the treatment the illness entails to the family members. Family psycho-education also involves imparting problem-solving techniques to families, helping them to generate effective solutions to problems. With the use of group dynamics, the

burden of care for the patient faced by families is acknowledged through sharing in the sessions. Some families eventually progress to attending Family Support Groups run by MSWs and other voluntary agencies.

LIAISON AND NETWORK WITH OTHER AGENCIES

In effecting change, MSWs also liaise with other agencies such as the Police, the different Ministries, family service centres, and other hospitals to obtain the necessary and relevant resources to assist the patient and family effectively. An example of this would be referring discharged patients to rehabilitative care or to social day care centres, depending on the patient's needs.

FIELDWORK

For problems or issues that cannot be adequately resolved in an office setting, MSWs are also required to make home visits to further assess the situation and make recommendations, if any. Home visits are not confined to just the patient's home but also extends to social work agencies, nursing homes and schools too.

All the roles described above are the main roles performed by an MSW. Unfortunately, the lack of column space does not allow me to fully elaborate more and to do justice to my profession. I sincerely believe and most of my contemporaries will agree with me, that in any form of caring profession, be it medicine, nursing, teaching or social work, knowledge and specialised skills are inadequate if one does not possess the basic qualities of compassion, sensitivity and a sustained real interest of concern for clients whom the worker chooses to serve.

Although our roles may differ from doctors, who are in the position of authority to diagnose and treat patients, we offer our patients and their families a specialised consultative service which is also important for patient care.

To pen off, I would like to share this quote with you that I found heartwarming: "Happiness comes not from exterior situations but from the peace within you. Joy is never in things, it is in us".

Hope you will treasure your family and loved ones always.

Merry Christmas and a Happy New Year to all of you. ■

About the author:

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