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## Psychologists and Doctors in the Management of Patients in Healthcare

By Dr Lyn Chua

In the days of old, psychology used to be regarded with much suspicion, apprehension and even ridicule; it was then an area of woolly and nebulous speculation. Those were the days before research in the theories of psychology was in place. Today, psychology has certainly gained much credence and credibility with scientific research and evidence. The study of human behaviour and mental processes is now based on a solid foundation involving an understanding of the complex interplay between biological substrates, genetic factors and environmental factors.

### A HOLISTIC APPROACH TO TREATMENT

Attitudes of doctors towards the application of psychology in medical treatment have also shifted, be it in the area of internal medicine, O&G, oncology, neurology or psychiatry. Whereas previously the services of the psychologists were considered just a 'garnish to the treatment platter', they are now regarded as essential 'ingredients' and an integral component in the treatment of many illnesses. The catalyst to this evolution of events may be attributed to the awareness that good health involves not only the body but also the mind. This holistic approach has led to the development of multidisciplinary teams where contributions from the various professions are much respected and valued. Such a change in circumstances has certainly contributed to a healthy working environment and a comprehensive management of patients in healthcare.



A case conference – communication is key to team work.

When a patient is admitted to a general hospital for treatment of physical ailments, the doctor would naturally be the primary person in charge of the case. In the course of treating the body, the mind of the patient may sometimes require treatment as well in order to gain the cooperation of the patient or to enhance healing and recovery. The physician then has the luxury (or so the psychologist presumptuously hopes!) of calling upon his colleague to deal with the intricacies of the mind. Clinical psychologists have been trained to "connect" the often incomprehensible behaviours and emotions of physically ill patients with their physical condition. Although most good doctors are aware of, and are able to give non-physical solace to their patients, they do seem to appreciate the presence of psychologists who can help them deal with concomitant emotions of their patients (it is certainly hoped that this is not a delusion!).

This appreciation often extends to dealing with the distress of the patients' family; psychologists can help in facilitating effective communication between patients, their families and their doctors. When there is any semblance of negative countertransference that professional caregivers may experience (doctors and nurses included) toward difficult and demanding patients, psychologists are able to provide the support and to help caregivers understand these feelings that could be counter-productive and harmful to the therapeutic relationship if unresolved.

The psychologist who has delved much into the mechanisms of consciousness and perception, personality, motivation and emotion, would then apply such acquired knowledge to understand the state of mind and experiences the patients are going through. Through understanding and validating the feelings of the patients, the psychologist is often able to coax



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*Published by the Singapore Medical Association, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850. Tel: 6223-1264 Fax: 6224-7827 Email: news@sma.org.sg URL: <http://www.sma.org.sg>*

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them into being more compliant with the treatment which would enhance recovery, or to help them come to terms with their condition. This could, for example, be in the management of diabetes, heart and kidney diseases, or other acute, chronic and terminal illnesses at outpatient clinics, in the wards or in hospices. A competent clinical psychologist would have a good knowledge of the medical facts and a comprehensive picture of the case.

Using various psychological approaches like cognitive behaviour therapy to overcome the patient's resistance to cooperate and to encourage compliance, for example, with the treatment the doctor has prescribed for patients with diabetes, or with stress management techniques to encourage a change of lifestyle for patients with cardiovascular disease, the psychologist contributes in the overall management of such patients. Evidence of such collaborative efforts can be found in our local settings within the oncology, nephrology and cardiac units in the various hospitals. Psychologists' contributions in neurology units in terms of neuropsychological assessments can help elucidate certain cognitive deficits and aid the neurologists in diagnosis. Results of such assessments often reveal cognitive deficits and brain atrophy which can often be confirmed and localized through brain imaging. In working together as a team, doctors and psychologists can work towards providing not only curative treatment but also preventative measures in the development or further deterioration of the illness.

#### **COMMUNICATION IS KEY TO TEAMWORK**

Effective communication between the psychologist and the doctor is essential for optimal benefits of this liaison; they must be seen and perceived to be actually

working closely together in collaboration in the endeavour to return the patient to optimal health. In ward rounds and case conferences, findings and possibilities would be discussed openly, doubts clarified and suggestions considered. Such open communications go a long way in facilitating a supportive working relationship and the effective management of the patient. Furthermore, members of each discipline would benefit from learning about each other's work, thus widening their repertoire of knowledge about various treatment approaches.

Discussions, however, need not and should not be confined to formal rounds or conferences; spontaneous discussions along the corridors or in the tea-room about new developments or queries are often helpful in updating each other about the patient's condition and progress. Lunching together also provides such opportunities, but it is hypothesized that healthcare professionals could be more effective if they were to refrain from 'talking shop' during lunch and turn instead to gastronomic topics to encourage the free-flow of gastric juices that enhance digestion; talking about current affairs, the weather and the latest movie in town would also improve general knowledge, social skills and the practice of social etiquette.

#### **THE PSYCHIATRIST/ PSYCHOLOGIST COLLABORATION**

In a psychiatric healthcare setting where patients are likely to be physically well but are suffering from poor mental health, the psychiatrist and the psychologist would be focusing mainly on the mind, or would it be more accurate to say that the psychiatrist would be focusing on the brain and the psychologist on the mind (and occasionally the heart?) of the patient? Whatever the

case, this is one situation when very often both psychiatrist and psychologist are working closely hand-in-hand in an attempt to enable the patient to lead as normal a life with the highest quality of life as possible. While the doctor provides the essential medication that stabilises the mind and the mood, the psychologist complements that treatment with psychological interventions that enable the patient to function optimally in the community.

Thus, just as psychologists provide clinical support to doctors, doctors also provide support to psychologists, especially in a psychiatrist/psychologist working relationship. It is almost impossible to engage a patient who is acutely psychotic or deeply depressed in any meaningful therapy or assessment; very often the medication prescribed by the psychiatrist is essential to return the patient to a relatively stable mental state before psychological interventions can be done. Communication and collaboration between the two professionals are important so that if the patient is still unwell or appears to be suffering from side-effects that interfere with the therapy or assessment process, the medication can be titrated to an optimal level for the psychologist to carry on the work.

When necessary, assessments of intellectual and cognitive functioning and personality profiles can assist in a better understanding of the patient's psychological problems. For example, a patient who has taken an overdose may have done so unintentionally without realizing the serious consequences, perhaps because of limited intellectual capabilities, or simply because of poor impulse control. Such assessments conducted by psychologists can help elucidate reasons for inappropriate or undesirable behaviours and provide additional information to assist doctors

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#### About the Author:

Dr Lyn Chua is the Head of the Department of Psychology at the Institute of Mental Health (IMH) and Woodbridge Hospital (WH). She was trained in the UK and obtained her PhD from UCL, University of London. She received specialized training in psychotherapy and psychiatric rehabilitation from the Institute of Psychiatry, UK. Her clinical duties include provision of psychotherapy to patients at IMH, WH and outpatient clinics, and also to patients with early psychosis within a multidisciplinary team. She is a lecturer and supervisor for the Diploma in Psychotherapy Course conducted by the Graduate School of Medical Studies and a clinical tutor in the Faculty of Medicine, NUS. She is involved in the teaching of medical students, psychiatric trainees, psychologists and psychiatric nurses. Her special interest is in the area of cultural issues in psychiatric disorders and psychotherapy.

#### ◀ Page 2 – Psychologists and Doctors

in their diagnoses. Behavioural therapy or psychotherapy may be helpful in reducing or dealing with such problems.

In addition, there may also be a great deal of mental anguish, pain and losses in a patient's life or in being afflicted with a mental illness; both the doctor and the psychologist together endeavour to relieve that suffering and help the ...patient lead a meaningful life again. This is often possible when both professions collaborate to work

toward a common goal. The sense of achievement and gratification is equally shared by all when they know that the patient is managing well on his own again.

#### CONCLUSION

Hence, doctors and psychologists working in close collaboration can provide for a more efficient and comprehensive healthcare management of the patient. Attitudes and mind-sets on both sides seem to have changed for the better;

there is greater mutual respect for each other and stronger confidence in the self, with no apprehensions or need for insecurities and inadequacies. Doctors and psychologists have come a long way together and certainly seem to be proceeding in the same direction towards the same goal. With the advent of and emphasis on evidence-based medicine and evidence based clinical psychological practice, the benefits of such a liaison would continue to be highly significant! ■

#### ◀ Page 4 – A View from the Other Side

nurses to improve in areas where they are lacking. Doctors can also speak to the nursing officer-in-charge on what should be done. If doctors have issues with nursing officers, they should seek the help of those in nursing administration.

Similarly, when my nurses have a genuine problem with certain doctors, to the point that everyday work is difficult, then the nursing administrator will have to speak to the senior doctors to find a solution.

#### CONCLUSION

Doctors are regarded as leaders in

a healthcare team. How patients regard nurses is very much influenced by how much respect the doctor gives nursing staff. As a result, to some extent, when patients see doctors involving nurses in clinical decisions and valuing their input, patients will be willing to seek nurses' help for minor complaints and will be less likely to seek reassurance from doctors. Subsequently, doctors will then have more time to concentrate on important clinical issues.

We are all members of a healthcare team. Doctors can help make nursing an enjoyable and worthwhile pursuit.

Nurses can also help by trying to see the doctors' viewpoints and by assisting doctors whenever possible. In the end, this camaraderie between doctors and nurses will benefit our patients and our community. ■

#### About the Interviewee

Ms Low Beng Hoi has been Director of Nursing at Alexandra Hospital since April 2001. A trained midwife and intensive care nurse, Ms Low worked in the United Kingdom for 16 years before returning to nursing in Singapore in 1985. Prior to her current appointment, she has held administrative positions in the hospital ambulatory services. The above are some of her views.

#### ◀ Page 6 – The Sales Rep and His Old Coin

products simply and truthfully. No need to exaggerate and never mislead. The favourite buzzword nowadays is "transparency", no matter whether you are selling drugs or the President of the United States. People are a lot smarter and perceptive than some people around us would like to believe. A good example is the uncovering of those disgusting American CEOs who pocketed undeserving millions."

On thinking back, I suspect the doctor might have more in mind than purchasing drugs, but at that time, I was only thinking of making a sale. Before I left the house in the morning, my mother had said to me anxiously, "Son, this is your first day. Make sure you succeed in making a sale. The amount does not matter. It is bad luck to fail. Put this old coin in your pocket, it is a talisman handed down from your ancestors." It was superstition no doubt,

but I felt the pressure. I had to make a sale not only for myself but also for my entire family, living or dead.

Seeing that Dr Chin was also not interested in my analgesics, I proceeded to market my other A's. He did not stop me but there was no response either, and all the time, I was getting more and more anxious. My palms started to sweat and I spoke faster and faster, and my voice became louder and louder. I could hear my heart thumping against my chest. Dr Chin continued to remain silent.

Finally, I finished. I could not have continued even if I had some more to say, because I was emotionally drained. I didn't expect my first attempt at selling drugs could be so exhausting. I rose to take my leave, crestfallen. I had not only failed myself but also my company, my family and my ancestors as well.

"Sit down, young man," Dr Chin

said, "What a display of sympathetic release and adrenal hormonal surge."

"I beg your pardon, doctor."

"Don't worry, it only means you are *kancheong*," he said, "And what may I ask are you fiddling with in your pocket?"

This doctor was sharp as a needle. He did not miss anything. I decided to tell him the story of my mother and the old coin. There was a moment of silence, and then he said, "Young man, I like your forthrightness, and I am superstitious too. OK, send me one lot of the antibiotic and don't forget the bonus."

"Really doctor, you don't have to..."

"Get out before I change my mind."

Readers can now understand why Dr Chin is my favourite doctor. There is however one other reason why I love to hang out at MHR Clinic – Ms Ho. We are now an item. The next time you see a sales representative with a pendant consisting of an old coin hanging from his neck, that person could be me. ■