

Editorial note:

The following letter, written by Dr Ang Yong Guan, MBBS(S)(1979), MRC Psych(UK)(1986), FAMS, was originally addressed to *The Straits Times*, in response to Dominic Nathan's article "A lesson from surgeon's death" (*ST*, May 1). To date, it has not been published. Dr Ang has also sent a modified version of his original letter to *TODAY*, which was published on 13 May 2003. The *SMA News* is reproducing Dr Ang's letter to *ST*, for our readers' information.

Dr Ang is currently a psychiatrist in private practice.

"IF ONLY" THINKING ONLY INDUCES GUILT

I read and re-read Dominic Nathan's article "A lesson from surgeon's death" (*ST*, May 1) several times trying to figure out what lesson was he alluding to in his article. It is easy to proclaim that "doctors must have a high degree of suspicion when dealing with patients, even those who may not display all the typical signs of SARS" without being on the ground to face the clinical facts and circumstances confronting the doctors treating Dr Chao. I suspect that there was always a high index of suspicion in dealing with Dr Chao. Dr Chao self-quarantined himself, and the doctors did 2 chest X-rays within 48 hours to look for lung changes. Isn't this evident enough of their high index of suspicion?

We must bear in mind that Dr Chao's clinical presentation (*ST*, April 28) was consistent with dengue fever (i.e. fever, rashes, low platelet count). Moreover, chest x-rays on 17 and 19 April were normal. On 21 April, "he felt so well that he was walking around his room and talking to his colleagues." It was only on the next day (22 April) that he became breathless and was moved to intensive care, and he died that evening.

Given these facts of the case, the doctors did what they could and to the best of their abilities to manage Dr Chao. As a doctor himself, and being such a highly responsible person (so evident in his selfless deeds), it is unconceivable that he did not discuss the management of his own illness with the attending doctors as he was fully conscious up until the day of his death (22 April).

Therefore, for Mr Nathan to suggest that "we will never know if this tragedy might have played out differently if, despite all the signs of dengue fever, someone had insisted on sending him to Tan Tock Seng Hospital, where so many others had already been sent" is academic, and can only serve to induce more guilt in those who had attended to him.

It is not as if there is a cure for SARS at Tan Tock Seng Hospital which cannot be found at SGH. We all know that there is no cure for SARS, and the worldwide fatality rate is around 4%. The management of a SARS patient is more supportive than curative. We know too that Dr Chao died of a pulmonary embolism (a clot in the artery that leads into the lungs) and we will never know that if he were at Tan Tock Seng, this clinical event (i.e. pulmonary embolism) would not have taken place. So, we must stop this unhealthy mode of speculative thinking: if only.

From my clinical experience as a psychiatrist, I know that this "if only" thinking often leads to prolonged, pathological grief. A patient of mine (*all clinical facts are slightly altered to protect patient's identity*) never forgave himself for not sending his mother to hospital at 11.30pm on the fateful night when she complained of chest pain. He had insisted on sending her to hospital but she refused to go, saying that she would be all right. When he did send her at 4.00am, it was too late. She died a few hours after admission to the hospital. This patient, till today, will insist that "If only I had sent my mother at 11.30pm, she could still be alive today."

Another patient of mine never forgave himself for not accompanying his wife, who had just had a heart operation a few months earlier, for a stroll in the park. He wanted to join her for the walk but she told him to finish his marking first. She left for the stroll first, ahead of him. She collapsed and died whilst walking in the park. Until today, he is still blaming himself and is occasionally ruminating over and over in his mind: "If only I had gone for a walk with her, I could have done something and she could still be alive today."

Hence, I am always wary of the phrase "if only". Mr Nathan himself knows "It's hard to avoid thinking: If only." Indeed, if there is any lesson to learn from his article, it is that we must avoid the "if only" thinking. It doesn't do anybody any good. It can only cause more pain and grief. Finally, Dr Chao's wife (herself a doctor) has told *The Straits Times* that she could see his symptoms fooled everyone into believing it was dengue fever and she did not blame anyone for the tragic outcome. Forget about the "if only" thinking (unless of course, it was due to gross professional negligence and unforgivable errors). In Dr Chao's case, it was not.

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