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Medical Practice: Challenges Facing the Young Doctor Today

By Professor Tan Cheng Lim

Just as every citizen of Singapore has to cope with the ever changing circumstances affecting our country and way of life on all fronts, so too must our young doctors take on the challenges to their profession as practised today and in the years ahead.

Prof Tan Cheng Lim with one of his favourite patients at his Outpatient Clinic in the Singapore General Hospital's Department of Paediatrics in 1989.

Indeed, all doctors have to accept the fact that the practice of medicine is a constantly evolving one involving both the science as well as the art of medical practice.

In days gone by, the aims of our profession seemed straightforward. Our objective was to stamp out diseases, save lives by healing the sick and alleviate pain and suffering.

Medicine was considered a noble profession; doctors were highly respected and considered to be all-knowing, altruistic, caring

and compassionate members of our society. Our diagnosis and plan of management was mostly unchallenged and patients' requests for a second opinion were few and far between.

While much of the change in the perception of doctors has to do with higher expectations of a more educated, knowledgeable, sophisticated, demanding and questioning population which often surfs the internet well in advance of what they expect to be told, some of the blame unfortunately has to

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fall on the image that doctors portray to the community nowadays.

Sometime over the span of two generations, doctors have been perceived as being affluent, over-confident and practising medicine that favours the rich, thereby eroding their own standing in society. In addition, the mass media tends to highlight unethical practices and civil suits of malpractice by doctors.

The era of specialisation that we entered some 30 years ago has given rise to the argument that over-specialisation has resulted in a dearth of the true expert general physician who can treat the patient as a whole person. This, together with the technological advances of sophisticated investigations nowadays, has tended to de-humanise the practice of medicine.

Life is also getting more complex for the young doctor starting off in institutional practice as he is immediately thrust into the real world and has to apply an ever increasing wealth of medical knowledge he has learnt from medical school. In addition, he is expected to do it well with good communication skills and genuine compassion, be it in the management of subsidised, private or foreign patients, and even be aware of the bottom line that hospitals are concerned about.

An added problem that young doctors face today is that the option of going into private practice, should one find the going tough in institutional practice, is not the rosy road it once was. The modern general practitioner faces high rentals and overheads and increasing competition from a saturated market, while the young specialist can only practise independently after fulfilling a fixed quota of institutional specialised training and passing an exit exam despite having earlier obtained his specialist degree.

Young doctors need guidance in helping them strike a balance in deciding at the appropriate time what direction they should take of the many options now available to them in medicine. Those good with their hands should probably opt for one of the

many surgical disciplines open to them. While the majority of the others will likely choose to be practising physicians (generalists and specialists), the field is now made wider and more challenging, with additional options both in the field of administration, preventive, laboratory medicine and so on, and in the direction of the new clinician-scientist route that is now being encouraged.

Despite the opening of new avenues for the more forward-thinking young doctor, one basic concern that is increasingly surfacing is the urgent need to improve the communication skills and emotional quotient (EQ) that seems sadly lacking in a small but significant number of junior doctors. Letters of complaints in hospital practice seem to be focused more and more on their shortcomings and lack of communication skills. The recent plan by the National University of Singapore to formally introduce the teaching of medical ethics into the medical undergraduate curriculum is indeed timely, as a high standard of ethics and professionalism is the stamp of a good doctor.

Perhaps one of the areas we need to strengthen is found right at the beginning in our recruitment of medical students when they are interviewed for their suitability to enter medical school. While all candidates invariably have good academic qualifications, we need to concentrate on discovering more sophisticated or objective methods to assess their communication and interpersonal skills. These factors are proving to be equally important hallmarks of caring and compassionate doctors in the making.

Hopefully, this could be the start in restoring the image of the “good doctor” of old to its rightful position, though not to its pedestal position it once was accorded, rightfully or wrongfully.

May the young generation of doctors take over the mantle with the enthusiasm of youth in their hearts and minds for the welfare of our future patients and Singapore. ■



Professor Tan Cheng Lim is Associate Dean and Emeritus Consultant at KKH. He was previously Head of Department of Paediatric Medicine at SGH and subsequently at the new KKH. He is naturally concerned for the welfare of the younger generation of doctors.