

1987 SMA LECTURE CONSUMER OR PATIENT?

Y K Lee

SING MED J. 1988; 29:100-102

Mr President, thank you for saying all those nice things about me. This means that I will have to strive harder to maintain standards. I am very proud and honoured to have been selected by the Singapore Medical Association to deliver their annual SMA Lecture. This lecture is prestigious, and my interpretation of the invitation to stand up here before you is this — that I have won the respect of my colleagues. As doctors, we value two things most highly — the gratitude of our patients and the respect of our colleagues. I hope I can say after this lecture that I have in my professional career obtained more than 50% of the marks, meaning of course that I have the respect of my colleagues and the gratitude of most of my patients.

I have chosen as the title of my lecture — "Consumer or Patient?" which may sound a bit odd to you. However, before I develop the theme, I would like to make some definitions so that as I muddle along we will at least be on the same wave length. "Consumer" in the modern market-place terminology means someone who purchases goods and/or services. For this lecture, I shall call a person who consults a doctor an "unwell person" (although we all know that not all persons who consult doctors are considered unwell, e.g. in obstetric practice). And when I refer to a person as a "patient" I straightaway endow that person with the aura of what is known to all of us as the "doctor-patient relationship", the special and unique relationship which carries with it many obligations on the part of the doctor, which the Medical Council will enforce to protect the interests of the patient and to preserve the prestige of the profession.

Now a few words on Medical Ethics and the doctor-patient relationship. What is Medical Ethics? Why must there be Medical Ethics?

Ethics means moral principles, and "moral" means "concerned with right or wrong conduct". Hence Medical Ethics can be taken to mean "a code concerned with right or wrong conduct of doctors", the fundamental standards of moral integrity which are the basis of all professional practice.

Ethics is at the heart of medicine. This is so because from early times, society and the profession have been concerned with the moral aspects of medical practice. Modern medicine is becoming more scientific, more technological and impersonal, but we must never

ignore our ethics. We do so at our own and our profession's peril.

Why is there need for medical ethics? Medicine at its best calls forth the highest in human nature. But doctors are not angels. They have appetites and ambitions. Therefore over the years the profession has drawn up rules and set standards to protect the patient and itself. Medical Ethics has two main functions concerned with professional discipline:

1. The primary function is to protect the patient against the doctor who has immense advantage over him.
2. A secondary but equally important function is to protect ethical doctors against exploitation by the black sheep who are prepared to defy medical ethics.

Medical ethics revolves round the relationship between doctor and patient. This close and intimate relationship between doctor and patient governs everything. (There are some exceptions which I will mention later and there are emerging very strong forces which are changing this concept). The traditional view stresses the over-riding interests of the patient to the exclusion of everything else. This, of course, is idealistic, because a doctor also has duties as a good citizen and as a responsible member of society. However, the traditional view is very useful as a guideline, and will be adopted in this talk.

The primary goals of the doctor are to improve the health of the patient, to relieve suffering and to prevent untimely death. In other words, to cure the patient if possible, otherwise to minimise the effects of ill-health and ultimately to help the patient die peacefully and with dignity. What a doctor does towards achieving these ends stems from the doctor-patient relationship. Ethical behaviour towards patients strengthens the doctor-patient relationship.

Mutual trust and respect must be created. How? Notice the stress on "mutual". The doctor should be professionally competent and treat the patient as a fellow creature with kindness, understanding and respect. The patient should also play his part and respond accordingly. This can only happen if there is effective communication between the two. The responsibility to inform is an integral part of patient care. The patient should be informed and educated about his condition and should understand his treatment. In turn, he should co-operate with the doctor and participate responsibly in his own care.

I must also define what is meant by the word "profession" since it is not a term to be used lightly. A profession has been defined as a calling. Something more than just a job or a trade, something more akin to the divine call or summons to serve God. As members of the medical profession. I think it would be more than adequate just to serve our fellow beings.

Department of Medicine
Toa Payoh Hospital
Toa Payoh Rise
Singapore 1129

Prof. Lee Yong Kiat MBBS (Univ. of Malaya),
LLB (Lond.), MD (S'pore), FRCP (Edin.),
FRCP (Lond.), FRACP Clinical Professor, Senior Physician
and Head

The peculiar characteristics of a profession are:

- (1) A profession is an occupation for which the necessary preliminary training is intellectual in character, involving knowledge and learning, as distinguished from acquiring a skill. (Medicine, Law and Theology were formerly known as the professions or the learned professions).
- (2) It is an occupation which is pursued largely for others and not for oneself.
- (3) It is an occupation in which the amount of financial return is not the accepted measure of success.

Two inferences may be drawn from this definition of a profession. Firstly, a professional man does not meet his patients or clients on equal terms. He is consulted for his special knowledge and experience by people who are in no position to make valid judgement about his skill or ability or integrity. Secondly, the rules of the market are inappropriate to regulate the conduct of the professional man. Hence there must be other means of control.

I have just realised that I have been talking all the time about the professional man, the doctor and his patients, the patient participating in his own care, understanding his treatment. I hasten to include another definition, this time from the Interpretation Act which states that "Words importing the masculine gender include females"! My apologies to the ladies.

There is a growing tendency for "unwell patients" to want to consider themselves "consumers" of a doctor's services. They want their money's worth and their doctors to be accountable just as shopkeepers have to be to their customers. They want to call the tune and emphasise that the "customer is always right". Moreover, there are third parties who want the "unwell person" or themselves to be considered "consumers". Two examples can be quoted — the parents of a sick child and the husband of a sick woman who consider themselves "consumers".

Under the philosophy of consumerism, a consumer has certain rights and the supplier of goods and/or services has certain obligations. How these can be enforced will not be discussed here.

How did this situation arise where the medical profession is concerned? Where did this dissatisfied, disgruntled and untrusting unwell person come from? Why does he want to be considered a "consumer"? Is it because he thinks that there are more advantages being one? Does he think that medicine should be practised wholly as a fee-for-service system without the beneficial influences of medical ethics and professional discipline. (This can happen in future because no professional code of conduct is immutable, and it may adjust itself to the changing concepts of the times.) Now, back to the question "why does he want to be considered a 'consumer'?"

A number of reasons come to mind:

1. Dissatisfaction with the doctor, his services, his behaviour. Under this heading, come two sub-groups:
 - (a) With good reason.
 - (b) Too high expectations on the part of the unwell person and his relatives.
2. Influence from other spheres.
3. Weakening of the traditional doctor-patient relationship.
4. Combinations of the above reasons.

Dissatisfaction with the doctor with good reason. Here we sympathise with an unwell person who has fallen into the clutches of an unscrupulous doctor or is being treated by an incompetent one. I shall comment on the redress of his grievances later.

Dissatisfaction because of too high expectations is a new phenomenon. In medicine today, as in many other walks of life, there is a much greater degree of knowledge and awareness. The media carry a lot of material on medicine, medical problems, medical triumphs and tragedies and successful negligence claims. The development of complex technology, designed to improve the standard of medical care, has led to higher expectations. A guarantee of success is almost expected. If the miracle does not occur, disillusion sets in and the reaction can be hostile. Even death is believed to be defeatable, and if death does occur, questions may be asked and allegations of negligence made. We should turn the clock back a bit and remind people that death is inevitable and is part of life! We are not immortal.

A quotation from Shakespeare, from a book I studied when I was at school, is I think appropriate:

*Of all the wonders that I have heard
It seems to me most strange that man should fear
Seeing that death, a necessary end,
Will come when it will come.*

Shakespeare: Julius Caesar

The influence of consumerism in other walks of everyday life cannot be ignored. Some must rub off on to the medical profession. The influence of the American experience and the widespread publicity surrounding the size of awards following successful legal actions have also contributed to the demeaning of the medical profession.

Now I will deal with the weakening of the traditional relationship between the doctor and his patient. The relationship was strongest when it was a one-to-one therapeutic relationship. But the world has changed and so has the practice of medicine, certain aspects of which have become too complicated for a single doctor to tackle. He has to work as a member of a team and with sophisticated instruments and machines. The organisation of work in the hospitals and clinics may be such that although there is a therapeutic relationship, the bonding is not as strong as it used to be. (The paediatricians will be pleased with this analogy, and it is very apt!) This weakening of the bond or its non-establishment has reduced the reluctance of unwell people and their relatives to complain or sue when they are dissatisfied. At one time, it was not considered proper to sue one's doctor. It was an ungrateful and ungracious thing to do.

In my opinion, another factor in the weakening of the doctor-patient relationship is that medicine is no longer a mystery. We are no longer the custodians of magical powers handed down from the gods! A modern country requires that its citizens be literate in order to function at its peak form. Therefore large audiences can be reached and influenced by modern media of communication. Moreover, modern methods of diagnosis, treatment and preventive measures require people with some knowledge of medicine so that they can cooperate with the doctors. No longer can the patient be expected to have a blind faith in his doctor with little or no explanation given to him. The days of the demigod and his infallibility are over. So are the days when prescriptions were written in Latin. There can be no more paternalism. Patients expect to be treated as the doctor's equal or even as his superior!

How can we react during this time of erosion of our authority and power? Can we as members of the medical profession say to the unwell person or his relatives who want to be considered "consumers" thus: "Well, two people can play the same game. You want to be a consumer, then I will be just a supplier of services like any other in the market place, and let the rules and customs of the market prevail." Fortunately or unfortunately, depending on how you look at the problem,

the answer is 'no' (unless our ethics change). Once our names are in the Medical Register, we are bound (notice I use the word 'bound') by our ethics to be different from the ordinary businessman or tradesman. We are members of a profession as defined earlier, and our professional ethics can at times be stricter than the law.

We are a privileged lot and the privileges are not there for our sole enjoyment and benefit. If we are to retain these privileges, then we have to realise that privilege entails responsibility for those less fortunate. This is expressed in the phrase NOBLESSE OBLIGE. It can also be taken to mean "Rank imposes obligations" and "Noble rank requires honourable conduct". These are worthy principles and they are embodied in our ethics which are the basis of our professional practice.

How do we deal with an unwell person so that he would rather be a grateful patient than a discontented consumer? First, of course, by being competent. In this discussion, being competent is taken for granted. How do we counteract the influences that are working against us? How do we eliminate dissatisfaction, strengthen the doctor-patient relationship and improve ethical behaviour towards patients.

We are now dealing with better-educated and more demanding people who are aware of their rights. The profession should change its image and its behaviour. The days of paternalism are over and we can no longer pontificate. We have to gain the trust and cooperation of unwell persons. We have to restore confidence in the profession. Our profession does not sell services with after-sales maintenance! We have to correct this misconception. We look after our patients and give them comprehensive care.

Better information and education of the public are required. You will say to me — that is what we have been doing for some time now, we have been informing and educating the public on medical matters. I agree with that, but I say that the emphasis could have been misplaced and has resulted in a backlash. We have been telling the public what wonderful fellows we are, what wonderful things we can do with new techniques, new machines and new drugs. We have over-emphasised the scientific and technological aspects of medicine, dehumanised medicine and raised false hopes in the public mind. We must come down to earth and re-orientate. I propose that the Singapore Medical Association give a series of public lectures on the art and practice of medicine and on medical ethics and stress the nobler aspects of professional practice. We all know that the layman thinks that being a patient only means consulting a doctor, being treated and paying the fee. This naturally starts a train of thoughts which end by his considering himself a consumer or a customer. We often hear him say, "I am Doctor So-and-so's patient", but he does not know that once a doctor accepts him as a patient, the doctor-patient relationship is forged, carrying with it many obligations which can be enforced. I believe that once the uniqueness of the doctor-patient relationship is known to the public; once it knows that being a patient means more than just paying for service; once it knows that we discipline ourselves, its attitude towards our profession will change, and I am sure that the standards of practice will also rise, because once doctors know that patients are aware that ethical and professional lapses can be punished, they will shape up. We must come out into the open. We are not a secret society. In fact, there are at present, whisperings and grumbles that doctors can

get away with a lot of sins because there is a conspiracy amongst doctors not to betray each other and always to close ranks in their individual and group interests.

Needless to say, we must also put our own house in order. We should start with our medical students. A lot has been done to teach them medical ethics, medical etiquette and the law as it affects medical practice. But as these are not examination subjects, many do not bother to attend the classes. The Ministry of Health, however, has a compulsory course for new housemen. But what is more important is that older doctors should teach by example. And maybe we should have continuing medical education on these subjects.

I will now come back to the doctor-patient relationship. As I have mentioned earlier, there will be changes all round when patients know that the doctor-patient relationship once established means, amongst other things and with some exceptions, that a doctor must

- (a) put his patient's interests first and make the patient's welfare his true concern;
- (b) maintain professional secrecy or confidentiality;
- (c) not neglect personal responsibility for the care and treatment of his patients; and
- (d) maintain high ethical standards in his practice;

and that disregard or lapses can be punished by the Medical Council. (I exclude here offences which can be punished by the Law and the Medical Council). However, I regret to say that at the moment the rules of procedure of the Medical Council are rather cumbersome. It is troublesome to lodge complaints and some complaints referred to the Medical Council cannot be investigated by the Council as they are not within its purview. This has left many complainants bewildered and aggrieved and has resulted in accusations of "cover-up" of misdeeds and wrong-doings. This I can assure you is not true.

A change in the law governing the medical profession giving more powers to the Medical Council and simplifying its procedures would keep down the number of black sheep in the profession and enhance the dignity of the profession and the public's trust in it. Of course, there must be safeguards against frivolous, vexatious and vindictive complaints.

I shall end by showing slides of two quotations. The first is "The Prayer of a Physician" written about 800 years ago, but is still relevant:

*"Endow me with strength of heart and mind
So that both may be ready to serve
The rich and poor, the good and wicked, friend
and enemy.
And may I never see in the patient
Anything else but a fellow creature in pain."*

Just in case, you think that I have been moralising and have been dishing counsels of perfection and censuring the profession unduly, the second quotation written about 400 years ago should cheer you up:

*"God and the Doctor we alike adore
But only when in danger and not before.
The danger over, both are alike requited
God is forgotten and the Doctor slighted."*

Patients are not angels either!
Thank you.

REFERENCES

Davidson, M: ed: Medical Ethics. London. Lloyd-Luke Ltd. 1957. Medical Etiquette. The Practitioner. Vol 179. July 1957. Ormrod, R: Medical Ethics. Br Med J. 1968; 1:7-10.