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SPEECH BY PRESIDENT C V DEVAN NAIR AT THE OPENING CEREMONY  
OF THE FIFTH BIENNIAL GENERAL SCIENTIFIC MEETING OF  
THE ASSOCIATION OF SURGEONS OF SOUTH-EAST ASIA AT THE  
MANDARIN HOTEL ON SUNDAY, 24 FEBRUARY 1985 AT 7 PM.

I thank those responsible for the painstakingly researched and extremely informative briefs for a medically illiterate President to help him prepare and deliver an intelligent address to a distinguished gathering of surgeons. I had expected the briefs to be chockful of pedantic stuff extolling the glorious achievements of modern medical and surgical technologies and techniques, and to be duly bored by all the jargon and the gibberish.

Indeed, I have discovered an infallible remedy for the insomnia which occasionally afflicts me. With this remedy at hand, there is no need to resort to sleeping pills or to a couple of double whiskies before retiring. All I need do is to reach out for one of the jargon-laced and lugubrious briefs prepared for me by some civil servants. And within five minutes I am ready for deep sleep. I would heartily recommend such treatment for insomniacs. Treat them, not with doctors and their potions, but with bores and their boring stuff.

I was pleasantly surprised this time when I received the brief for this occasion from the Permanent Secretary to the Ministry of Health. Far from falling asleep, I found myself wide awake. For he wrote more about patients than about surgeons and surgery.

I am not a surgeon, but I have been at the receiving end of the attentions of surgeons, laid out helplessly on the operating table for unpleasant probing, puncturing, sawing, drilling, cutting, stitching and snipping by masked and grimly silent troglodytes. You will therefore appreciate why I prefer to admire surgeons and other ladies and gentlemen of the medical profession from a very safe distance. The less I have to meet them for professional attention, the happier and more blessed I feel. God has been kind to me so far. He has, in His infinite mercy, spared me too many exposures to surgeons and to the sharp and cutting edges of their trade.

Singaporeans should be thankful that their Ministry of Health can boast a Permanent Secretary, who serves concurrently as Director of Medical Services, is himself a doctor, and who places such a high premium on patient-care.

The importance of surgeons and the technologies they use are judged by their achievement and success in the treatment and cure of patients. One would wish that there were more such heads of government departments. The glamour and the excitement over the gadgetry which modern science and technology can command often blind us to the needs of the human beings they are intended to serve. Patients, students, and the average man-in-the-street are not robots, soulless digits, inert automations, or abstract statistics. They are human beings, and their needs, welfare and aspirations are important, indeed the major, if not sole justification for the encouragement of science, art, literature, politics, economics, religion and spirituality. All these things are utterly worthless, even diabolical, if the growth, well-being and happiness of human beings are ignored or forgotten.

Numerous miracles have been achieved in modern surgery. Artificial hearts, kidneys, livers and what-not are implanted in patients with diseased or damaged organs. But I do not believe that the day will come when artificial souls can be implanted by anybody to revive dead human beings. But you may say that souls do not exist, because they are neither visible, tangible, tastable nor audible. I have no evidence to prove it. I would merely contend that it is highly unscientific to assume that what we cannot see or sense is for that reason non-existent, and pretend that phenomena which make light of the laws of physics and biology are hallucinations. One might ask, with the poet: "Was the sun then a dream, because there is night?".

I do not wish to impress you with my mastery of medical science. I have none. This does not make me a dunderhead. I too have delved into arcane mysteries. Our interests do not coincide. For instance, I am an expert in the kind of moral surgery required to deal with obstinate and short-sighted employers and equally obdurate and myopic trade unionists. That used to be my racket. Or I could tell you a great deal about educational psychology, for I began my career as a teacher. I could tell you much about subjects outside your own fields of interest, say, the development of Shakespeare's tragedies and comedies, the metaphysical poets, the classical Indian Ragas, Indian philosophy, and the poetry of Rabindranath Tagore, or of how thoroughly boring the duties of a constitutional Head of State are.

Where medicine and surgery are concerned, I am an ignoramus, which is why I question my doctors very closely when they either examine or treat me. I want to know what exactly they think is wrong with me, why they think so, what treatment they intend to offer, their reasons for doing so, the effects of the drugs involved, ad infinitum.

I know that there are some doctors and surgeons who resent questions by their patients. They want to play God, and one does not ask God questions. I do quite often, and equally often, God does not bother to answer me. But patients cannot be treated like believers. They have a legitimate right to information, and there are ways to ensure that this right is respected by the medical fraternity.

Let me give you an example. In May 1984 I found myself warded in the Indianapolis University Hospital in the United States. I was later to discover, to my great relief, that there was nothing seriously wrong with me. The only thing wrong was that I was suffering from the diversity of medicines prescribed by my doctors. The American doctors were quick to assure me that they held my Singapore doctors in the highest esteem. Indeed, the medication they had prescribed for my asthma, mild hypertension, and for a variety of minor ailments, were all the right medicines which they themselves would have prescribed. But there was one significant omission. They did not know who was responsible for this, my doctors or I myself. They told me that the battery of drugs prescribed by different specialists for different disorders, should have been referred to a clinical pharmacologist, who is the chap who knows not only how drugs impact on the human body, but also how they interact with each other and make a battlefield of the poor old body.

I would be the first person to acquit my doctors of blame. It is not their fault. It is, I believe, the fault of the system they work under. Let me explain.

I noted that in the Indianapolis University Hospital, although diverse specialists were let loose on me, there was a co-ordinating chairman of the team, whose own specialty was internal medicine. I also noted that

every specialist, the chairman included, referred their various prescriptions to the clinical pharmacologist, who pronounced on their desirability, side effects, interaction and so on.

I enquired from each specialist why he referred and deferred to the clinical pharmacologist. "Oh", I was told, "safer to do so, you know?" "Why safer?" I asked. They explained: "You see, our patients sue us if we under-medicate them, or wrongly medicate them. But it is difficult to sue a clinical pharmacologist, because he is an expert in this field."

On my return to Singapore, I went down with the flu. I sent for my doctor who I expected to take my pulse, my temperature, listen to my lungs and then prescribe antibiotics, anti-histamines and anti-pyretics. But I had also taken the precaution of inviting a clinical pharmacologist to be present. The doctor discovered that I was not running a temperature. This meant that only the virus was working inside me, and there was as yet no bacterial infection. I expressed the view that there did not seem to be any need to administer antibiotics. The clinical pharmacologist agreed. So did the doctor. When the doctor left, the clinical pharmacologist told me that this was the first time she had been asked to be in attendance during a medical examination. I asked her what on earth she was supposed to be doing. She said: "Oh, I merely wait to be asked for my opinion about medication. Waiting in the wings is hard work, you know, and I am paid for it."

Now I may relate my experience of surgeons and surgery. Thus far, I have been fortunate with my surgeons. They have shown themselves not to be knife-happy types. They cut me up only when they have satisfied themselves that it was really necessary.

I spent my 60th birthday on 5 August 1983, in a surgical ward of the Singapore General Hospital. They had discovered that my maxillary sinuses and the left ethmoid sinus were heavily forested with polyps and stale pus from ancient infections. My surgeon was superbly efficient, and did a neat job. He was not responsible for what happened afterwards. I suffered a massive invasion by pseudomonas, a vicious microbe highly resistant to antibiotics. I am satisfied that it was not my surgeon who infected me, but something in the hospital environment. What, how and why remain unfathomed mysteries to this day. A five-week battle ensued between rapidly proliferating colonies of pseudomonas and highly potent antibiotics, including amycassin, administered through a drip. I developed massive nasal bleeding, and they stuffed my sinuses tightly with swabs. It was an awful experience. My surgeon was exceptionally kind. He spent a whole sleepless night by my bedside, holding my hands and comforting me, while I writhed helplessly in my bed.

By the time the pseudomonas were vanquished, I was a devastated battlefield, bleak and desolate, like "the blasted heath" in Macbeth. I had been transformed from a hypotensive into a hypertensive patient. I developed tachycardia, and was heavily dosed for respiratory disorders.

I had always believed that I was relatively high up on the rung of the revolutionary ladder, far removed from the apes. I felt deeply dismayed and thoroughly deflated to read reports in the local newspaper that two gorillas in the Singapore Zoo had succumbed to pseudomonas.

In Indianapolis too, they had passed me on to surgeons when they discovered that I had polyps in my colon. It proved to be an educational experience. I had expected the procedure to be thoroughly unpleasant and that I would etherise. I was surprised when told that there was no such intention. "Every time we put you to sleep, we put you at risk", the surgeon told me. "We will give you a pain-killer and something which will make you feel dopey."

The surgeon explained to me how many polyps there were, where they were located, and how he proposed to excise them. And while he went through his procedures, his assistant regaled me with a running commentary on what the surgeon was doing to me. This proved helpful, for the patient was a conscious participant in the whole surgical procedure. Neither pain-killer nor tranquilliser was really necessary. As an extremely interested participant, the discomfort disappeared like water shaken off a duck's back.

What lessons can I, as a patient, offer to surgeons? First, I would ask you not to be knife-happy. Do not operate until you have exhausted all other medical resources. This means that you must consult with other doctors. The patient is not your private property. Too many doctors do not bother to consult their colleagues.

Let me give an example from my own experience. A member of my staff is diabetic. He had some complaint and was referred to a surgeon who, without even asking for his medical history, decided upon surgery. When I heard that my staff member was to undergo surgery, I recalled that he was diabetic. On enquiring whether the surgeon concerned had consulted the endocrinologist who had been treating the man, I was told that no such consultation had taken place. Naturally, I was angered. I arranged for the surgeon to be ticked off. Eventually, when matters were

set right, the doctors rightly decided that surgery was contra-indicated in this case. But, should it take a layman like me to put a surgeon right? We detect a systemic failure here, and might list the following unpardonable lapses.

First, the total absence of consultative processes. Who, to begin with, had referred the patient to the surgeon? Every patient is presumed to have a case history. Who was in charge of this? Next, why did the surgeon not take it upon himself to ask for the case history? These are worthwhile questions which our medical authorities should look into.

Doctors and surgeons who, like card-sharps with their cards, play their patients very close to their own chests, who do not believe in consulting other medical opinion, and who gaily prescribe drugs without regard to consequential deleterious side-effects, are all symptomatic of a diseased medical system. In short, if you prefer medical jargon, what I am describing is an entire endocrine system in serious disequilibrium.

Doctors must see themselves as members of a team. And every team must have a chairman, who is primus inter pares. A crucial member of every medical team should be the clinical pharmacologist. And, as far as possible, patients must be made to feel that they too are members of the panel. Their views must be sought.

I make sure that I am a member of the panel of doctors who look after me. I know that sometimes I make the chairman of the team feel a bit insecure. I tend to revise the agenda and to exercise veto powers. After all, it is my life which is at stake.



I have come to the conclusion that if we are to expedite necessary changes in our medical system, and to maintain and enhance standards and methods of medical practice, it is necessary to encourage the public to sue doctors in courts of law. Our Confucianist ethics make us vest wisdom where it does not exist. We balk at challenging authority. All this must go.

Singapore is a city of campaigns. We have courtesy campaigns, anti-spitting campaigns, keep the environment clean campaigns, and so on ad infinitum. I would suggest an addition, a "sue the doctors and hospitals" campaign.

I am not unmindful of the shortcomings of patients. We have ignorant, doctor-hopping patients. We have those who believe in self-medication, and then tell lies to their doctors. We have those who would rather consult astrologers and quack medicine-men before resorting to doctors. We have hypochondriacs, and terribly difficult, if not altogether impossible patients. I concede that a national campaign to educate patients is also necessary.

To conclude, may I say that the experiences I have described, and the opinions I have expressed, are all mine. My own doctors have not influenced my thinking, although I hope I have influenced theirs. Please do not fault the Permanent Secretary of the Ministry of Health for this address. I do not even speak for my Government. I assure you that should it turn out that my Government agrees with the position that I have taken, it will be purely coincidental. I am certain, however, that I will enjoy the support of the generality of patients in Singapore.

I end with a curious feeling that this will be perhaps the last time that I will be invited to address a medical conference. No matter. If I am greeted by deafening silence as I end my speech, I will have the comfort of knowing that I have achieved my objective. A standing ovation I would regard as an unmitigated disaster.

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