

## REIGNITING OUR PASSION.....

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Dr David K L Quek  
([drquek@gmail.com](mailto:drquek@gmail.com))  
MMA President 2009-2011

"Where is the wisdom we have lost in knowledge?  
Where is the knowledge we have lost in information?"  
~ T.S. Eliot. *The Rock*, 1934

"Physicians combine two diverse tendencies in their daily functioning, a scientific mode of thinking and a clinical commitment to healing. The former requires us to be rigorous, dispassionate, objective, loath to reach conclusions until incontrovertible facts have been assembled. The clinical, or professional, component, on the other hand, compelled by the urgency to assuage suffering and to defend life, demands immediate action even in the absence of complete data. ~ Bernard Lown, M.D. in **Prescription for Survival: A Doctor's Journey to end Nuclear Madness**. Berrett-Koehler Publishers, Inc., San Francisco, 2008, p.61.

### Traditional roots of medicine demand some personal reflection...

Some thirty years of practising as a doctor can certainly embolden one to try and reflect upon a profession that so intimately inhabits one's personal universe. Nevertheless, I do so with trepidation that I may have overstepped my expertise, my uncertain moral position in the august footsteps of so many unmatched giants of our medical profession.

Yet, I have been impelled to do so, to try and set down my nebulous thoughts as to what and how the concept of the modern doctor is changing or taking shape, amidst the tremendous transformations and challenges that have swept the medical profession and health care scene.

Being a medical doctor is certainly one profession, which can become an all-consuming life and living itself—one learns to eat, drink, and breathe medicine.

Our thoughts and thought processes are submerged within the lingering echoes and ethos of a Hippocratic *ancien regime*: one of highly-structured codified dos and don'ts and exhortations of an intricately-crafted analytical process. Many are now lamenting the relevance of these methods and constraints, the seemingly outmoded sweeping codes, so enshrined within its antiquarian Aesculapian confines.

Nevertheless this singular system has continually defined and redefined itself, with modernizing inputs from our forefathers—all highly regarded stalwart champions of principled medical practices and professionalism. On the basis of the Hippocratic tradition, medical practice has been transformed increasingly into a more rigorous scientific system—one that is better evidence-based, with consistent veridical facts, and most importantly, one that is able to deliver reliable repeatable quality of care and cure outcomes.

No longer is the practice of medicine simply the handed down legacies of trusted wisdom and opinions of a few experienced if authoritative masters. Direct challenges to untested even if persistently accepted practices from long ago have helped democratize and expand the scientific reach of medicine into more solid bases of substantiation.

Science and art meld together in an intertwined universe of shifting and ratifying complexities, which ultimately give up its ghost in some form of a therapeutic *modus operandi*. At least, that is what appears to be the articulated goal of medicine—to comfort always, to heal sometimes, and hopefully never to cause harm: *Primum non Nocere* (First, do no harm).

Most importantly but often forgotten in the glitzy or fevered attempts at dealing with modern ailments and newly-medicalized disorders, we should remember that our patients are our *raison d'être*. Medicine exists because there are patients out there who need or deserve our services, our care. The converse is not necessarily true, and may indeed not be to our patients' benefit.

These days, it is possible to forget that oftentimes, tangential rather than exceptional discoveries create new demands for newer approaches which may have become too all-inclusive: our healthcare lattice is thrown far too wide and spread too thinly. So much so that lifestyle, ageing-related or other psychosocial aberrations have become incorporated within new designations as novel ailments.

Some have suggested that such ready '*medicalisation*' may be too indiscriminate and inappropriate. Some have been promoted and perhaps may even have been invented by "*Big Pharma*". Some of these disorders have become propagandized and marketed as "real" ailments, which need to be diagnosed, investigated, and yes, even treated aggressively.

### **Evolving evidence-based Medicine**

From folkloric herbs, bone setting, stone cutting, etc. we have now entered into a new era of thrust for *evidence-based* medical practice, or at least that's what has been loudly proclaimed of late.

Out of the ashes of historical anecdotes and passing down of learned experiences, accepted 'truths' have been systematically debunked when put to more rigorous testing and ratification. Many pearls of long-accepted wisdom have been crushed under the weight of new evidence, and in their places have arisen newer concepts of better-tested, better proven ideas. However, the reality is that medical practice is not all based on rigorous or dogmatic scientific facts. We still have so many incomplete answers or limited comprehension on countless ailments.

Complicating this is the fact that different ailments affect different patients differently: some more gently, while others more catastrophically and perhaps even fatally. Such is the inconsistency of occurrences which doctors have labelled as 'idiosyncrasies', i.e. chance events and effects, which affect individual patients in peculiar, unexpected and often inexplicable ways.

Unbeknownst to some of our frustrated patients out there (who wonder why we sometimes cannot be more definite or sure, or why some unexpected outcomes or complications continue to take place), doctors still don't know quite enough, at least, not for each and every medical illness or variant. We still puzzle over why certain twists and turns occur despite the rigorous implementation of what's considered proper treatment, which are guided by evidence and research. The human body still escapes total understanding and occasionally behaves erratically and outside the rigid boundaries of expectation.

Even the most brilliantly gifted or polymath amongst us, would shy away from presuming that they know everything. However, there are those who do perceive of themselves as 'gods', the know-all who can dispense largesse and treat without any qualms of uncertainty but with the dogmatic conviction of a cocksure pedant—the *expert extraordinaire*. But with the relentless onslaught of scientific evidence constantly permeating the information universe, it would certainly be foolhardy to be so presumptuous, leaving far too little for cautious error or acknowledgement of possible uncertainties.

### **Medicine's self-correcting mechanisms may be slow, erratic and staggered...**

By espousing a self-correcting mechanism based on scientific tenets, western-style allopathic medicine has been marching along relentlessly, almost always improving upon itself, whilst dumping wrong or inaccurate concepts, measures, or treatment modalities. Sometimes a long-discarded or long-forgotten concept is revitalized and rejuvenated as more discoveries prove its better consistency and veracity.

This flip-flopping of ideas and beliefs can be confusing to the layperson, who wonders why if medicine *is* a science, there is this shifting or changing of premises. How can some medical 'facts' suddenly be overthrown tomorrow by some newer discoveries, or newer 'truths'? How can a drug, long prescribed for a certain indication, be suddenly hazardous for another condition, so that it has to be withdrawn?

This is especially so when news-breaking clinical studies show adverse outcomes much to the consternation and confusion of the research scientists who had predicted otherwise.

Just a few years ago, an arthritis pain-relieving drug Vioxx (refocoxib) was found to be associated with increased heart attack and stroke rates especially after prolonged use, and had to be withdrawn. But this later action was reluctantly foisted upon the company only after costly legal battles; Vioxx had earlier been approved for global use for several years. Thus, while Vioxx was very good at its narrowly-defined efficacy, it was unfortunately putting more people at risk of suffering and succumbing to seemingly unrelated cardiovascular disease. This covert but delayed safety issue was regrettably not uncovered soon enough, but was clearly not acceptable for treatment of non-life-threatening chronic disorders when there are safer alternatives available.

Another example relates to some changed surgical decision pathways. Why indeed have some long-established surgeries now been deemed unneeded, outdated and even passé? Yet at other times why have drastic, occasionally mutilating, surgeries to be emergently performed to save a tenuous life?

Gastric surgery comes to mind as a glaring example, when aggressive antibiotic-acid reduction medications have supplanted gastric resection for ulcer disease. A previously well-hidden bacterium (*helicobacter pylori*) is now established as the cause of most of stomach ulcers and even cancers. Yet, conversely some life-saving gastrectomies might still be necessary in severely bleeding and exsanguinating gastritis, when medical therapy fails.

Another controversial if more personally-decided surgery is that regarding the option for radical mastectomy or simple lumpectomy for breast cancer. Questions of staging and lymph gland involvement are not readily clear for many patients, who frequently opt for less mutilating if incomplete surgery. Then, there's that question of whether every patient should have that expensive not-readily available PET-CT scan to determine if the cancer had spread beyond its usual boundaries...

The choice for complex angioplasties versus coronary bypass surgery for multi-vessel coronary artery disease is another point of contention, which sometimes border on personal patient-physician preference rather than hard scientific evidence. Such evidence bases unfortunately fluctuate in time-dependent verifiable specifics, which are sometimes dictated by contemporary changes or refinements in technique or device advances.

Thus, are there really any unfailing medical 'truths' out there? Perhaps there never will be. This is because modern medicine is often about evolving comprehension and continual scientific ratification of concepts and practices. Some of these may indeed be revolutionary and requiring paradigmatic change in mindset and orientation.

### **Best Fit Medicine ever changing, updating...**

Modern medicine these days is constantly adopting what's currently the *best fit*, the most appropriately cohesive model, to the best of our up-to-date understanding, as we dip our curious minds into the flowing river of advances and new knowledge. We can never really dip into the same river twice without its nourishing waters having moved along... but it is through this ever-changing experience that we can hope to harness the best that modern medical knowledge can offer.

Thus, we really cannot afford to simply sit back and be idly complacent while the inexorable advances of medical and scientific research and discoveries unravel with such accelerating paces—we have to update our knowledge base and skills all the time—hopefully on a lifelong journey of *continuing professional development* (previously known as continuing medical education), so clichéd, yet so much a desired mandate for today's physicians.

The Internet, the World Wide Web and the explosive information expansion has not helped alleviate this dilemma of how to make practical sense of what's good and what works. Because, for each of our individual patients—ultimately and in a very curiously uneconomic way—being a doctor usually means dealing with that *one* patient and his/her problem, piecemeal.

[Only in epidemics or potentially public health calamities e.g. avian influenza or SARS (severe acute respiratory syndrome) and the current A(H1N1) pandemic, do we engage our autocratic prerogative, which collectively and without exception, corral our resources and authorise therapeutic or prophylactic measures on a designated at risk or exposed population.]

Medicine can and does consume our souls if we let it, and it can and probably should dictate a mystical ethical code of conduct which should exhort us to rise way above all others, in our dealings with humanity and with our patients in particular.

### **“Deprofessionalization”**

However, these days, in some areas, the practice of medicine appears to have been lost in translation. Many doctors are disenchanted with the so-called practice as usual—many are now feeling a greater and greater sense of loss of autonomy and a growing sense of *'deprofessionalization'*, where insurers, third party payers, and managed care organisations are dictating how they practice, who they can treat and when, and how much can be reimbursed or not at all.

In 2006, the roll-out of the private healthcare facilities and services regulations for Malaysian doctors, added more fuel to the firestorm of practice issues which seem to overwhelm the wretched medical practitioner!

So what do some doctors do? They have become angry and feel quite betrayed. Practising clinical medicine had become a grinding drudge for some: mounting paper-work, senseless work-flow charts and reports, with 'ludicrous' micromanaging oversights, which seem excessive and demoralizing. Many had described these harsh regulatory articles and especially the prescribed punishments as criminalizing and degrading.

Such laws seem to imply that doctors who had been practising autonomously all along with little intrusion or mishaps, have become potential felons (in one fell swoop of the enactment of the Regulations by the Minister of Health) and that if some of these practice issues are not modified or adhered to, they are to be regarded as criminals with stiff fines and even jail time! Some had indignantly expressed their intentions to quit practising medicine altogether, others are defiantly recalcitrant.

Some doctors have become so unhappy, angst-driven and frustrated that they have lost their zeal and passion for their medical practice—the former patient-doctor relationship have become sundered with suspicion and regulatory mess-up, which trespass into their sense of justice and professionalism.

### **Dabbling in Fringe Therapies...**

Quite a number of the more enterprising have moved laterally to fringe margins of allied health disciplines. Dabbling or even full-time engagement with beauty or aesthetic health care appears simpler, i.e. away from the more demanding and challenging clinical practice of general or family practice.

Some also have moved into the even more lucrative anti-ageing or drug-dependency programmes, which once again seem to be more rewarding and satisfying, even if less taxing mentally or intellectually!

Others indulge in fringe, obscure if esoteric "techno-babble" pseudo-medical practices (e.g. electro-diagnostic analysis for general health promotion, live blood analysis as screening procedure for possible medical ailments, whole body aura analysis, colonic washout therapy, *qi gong* for all ailments, ozone therapy, chelation therapy, etc.) which creates a semblance of 'scientism' and rational modernity, but which are at best hocus-pocus quackery at its most sophisticated.

Some are embracing complementary alternative medicine, which appears to be increasingly popular and in sync with the more suggestible public out there, despite the fact that their scientific bases are so much less proved, or none at all.

### **Erosion of youthful dreams, reigniting compassion and vocation...**

When as a young teenager I dreamt of becoming a doctor, my fledgling youthful hopes and ambitions now seem so wonderfully fervid and overpowering. Back then, the starry-eyed passion and awe seamlessly suffused through my senses and waking moments and enveloped my entire psyche and persona. Then too, my concept of altruistic high-mindedness appeared to overwhelm all other considerations.

How far-away these thoughts and feelings now sometimes appear, how nebulous, how child-like and oh, how evanescent... That naïveté, which I have so blurry-eyed conceptualised, now seems so distant a memory, sometimes... Hard-nosed reality these days shatters our childlike dreams of simplicity, equanimity.

It is against this backdrop, that we should address the issue of where our medical profession is heading. With the onslaught of rising commercialism, market-driven personal consumerism, and greater patient autonomy, it is becoming increasingly hard for the medical professional to practice as a doctor.

To be that quintessential compassionate, empathetic health care provider so to speak, can be extremely demanding and challenging, what with the inherent diagnostic/therapeutic uncertainties, the spectre of fees and costs, medico-legal and other pecuniary considerations impinging upon the doctor's and the patient's consciousness.

During the coming two years of my presidency I wish to address some of these issues through the prism of a physician who passionately believes that medical doctors can make a difference, that health care can and must be engaged to make it as human and humane as possible, while staving off the onslaughts of rising commercialism, medicalisation, political and/or third-party oversight and progressive loss of our physician autonomy.

I hope to inspire a new look into the possible art of healing which appears to have taken a backseat with the rising tide of challenges and the onslaught of de-motivating practice issues. We must learn to reclaim our sense of purpose, our vocational goal, and reassert our meaningful role in modern society.