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What Is A "Doctor"?

The word "doctor" comes from the Latin "docere" which literally means "to teach".

There is little doubt why this term has been used to signify the healing profession. It is because "teaching" is central to our work as doctors. We are teaching our patients* in every consultation. We are often teaching our nurses in their clinical work. And for some of us, we are sometimes teaching the lay public about medical problems and health issues.

So, what do we teach our patients? We teach them about the illness that they are suffering from. This is a prerequisite to teaching them about the management of their medical condition. It is because patients will not be compliant with their treatment unless they understand and accept their illness. A common example is our asymptomatic hypertensive patients. Hypertension, being a silent condition in most patients, demands explanation from the doctor to the patient about the nature of the condition, the advantages of treatment and the disadvantages of not having treatments. The patients must be convinced of the necessity of such treatment, be they pharmacological or non-pharmacological, before they can accept the advice given to them.

It is also important to teach the patients about the treatment. For non-pharmacological interventions, we need to teach them the correct ways of achieving the objectives. An example is the advice for overweight patients who need to lose weight but they also need a well-balanced diet. For pharmacological treatments, we need to teach them the frequency, dosage and specific purposes of the different medications. This is particularly important in Hong Kong where patients often get several items of medications from doctors. We also need to teach them about the common side effects of the medications and the correct ways of dealing with these problems. This will reduce patients' fear when the side effects do occur and it will also enhance compliance.

* For the purpose of this article, patients mean the patients themselves and/or their relatives.

Editorial

Doctors, in particular, general practitioners are constantly teaching patients about health education and prevention. We teach them ways to maintain good health through exercise and diet. We teach them how to prevent diseases through means like immunisation. We should also teach them the importance of continuity of care.

Knowing that we ought to be teaching our patients, the question is "Do we do it?" or "Are we doing a good job?"

Obviously, the answer is likely to be different for individual doctors. It will depend on the doctors' attitudes and skills, as well as patients' expectations.

Most doctors accept their responsibility in teaching their patients although some may be more willing than the others. Some may cite lack of time and patients' interest as excuses. Some may also think that their patients are unable to understand their medical conditions and, therefore, explanation is not needed. Are these excuses valid? I think not.

Most people are interested in their health. They are even more so when they are in doctors' consulting rooms. Otherwise, why would they be spending their time, effort and money to attend doctors? The consultation is when patients can devote time exclusively to their health. While I often hear patients complain about long waiting time, I have not heard them complain about their doctors spending too much time on their own case. In fact, they often say, "My doctor is a good doctor because he explains things to me." Therefore, patients do appreciate the time that their doctors spend on educating them about their health problems.

It is the lack of interest on the doctors' part that is probably far more important in obstructing the teaching of patients. Why are some doctors not interested in such a vital area of consultation? Time is often the determining factor, particularly in Hong Kong. Another reason is that some

general practitioners may not have high esteem of themselves and they do not consider what they do is very important to their patients' health.

Another reason is that explanation of patients' conditions requires skills. These are not in-born skills, but rather are learned. Some of the ways to improve communication include the need to avoid jargons and the use of simple language. We also need to adjust to the specific difficulties the patient may have in communication e.g. deafness, blindness and lack of understanding of the language (in particular, due to the use of different Chinese dialects). Diagrams are also useful. With enthusiasm, these communication skills can be learned. I do not think they are any more difficult to learn than taking a history or performing a physical examination. However, it is probably a badly neglected area in medical training which is another reason why some doctors do not think it is important.

I often hear comments that doctors have a self-interest in maintaining poor health of their patients because of financial reasons. I would be the first one to dismiss such cynical views. By educating the public on their health problems we can send a strong message to the contrary to our critics. This is a good way to improve the image of the medical profession as a whole.

The population in Hong Kong is becoming a lot more sophisticated these days. The people are becoming much better educated, which is one of the reasons why we can compete in the world markets on commercial fronts. It is also because of this improved education that patients have come to expect more of their doctors. By carrying out our teaching roles during our consultations is a certain way of meeting this higher expectation. Furthermore, without teaching our patients about the nature and management of their illness, we simply cannot claim to be "doctors" (in the strict sense of the word)! ■

Dr. Lam Tai Pong
Chief Editor