

# What Makes a Good Doctor – Views of Non-Medical Professionals

A good doctor should have three qualities: knowledge, empathy and philosophy.

First, a good doctor should be knowledgeable and should keep abreast of developments in his or her field of expertise. A good doctor should be a skillful diagnostician. A good doctor should neither under-prescribe nor over-prescribe medication to his patients.

Second, a good doctor should have a high Emotional Quotient or EQ. When I was at the Singapore Embassy in Washington, we had two doctors on our panel, a younger man with a high tech practice and an older man with a low tech practice. I noticed that most of my colleagues chose to go to the older man. Why? Probably because he had a warmer personality, was a better listener and communicator and was able to inspire his patients' confidence in him.

Third, a good doctor should also be a good philosopher. A good doctor should treat his patients in a holistic way. He should counsel his patients on their diet, exercise, and stress management. A good doctor should understand the limits of efficacy of western medicine and should have an open mind to what is called 'alternative medicine'. A good doctor should be wise and humble not dogmatic and arrogant.

Professor Tommy Koh  
Ambassador-at-Large  
Ministry of Foreign Affairs

I thought the answer would be straight forward. A good doctor is someone who knows his or her field, makes the right diagnosis of an illness and recommends the best treatment towards recovery.

When I posed the question to friends and relatives around me, what stood out during the conversations and in my own recollection of the numerous contacts I have had with doctors, was not their medical knowledge or skills. Not that skills and knowledge do not matter. They are vital.

What seems more important to a patient during a medical crisis however, is the attitude of the doctor. I learnt in coping with my parents' illnesses that doctors may be sure of their diagnosis but

among different specialists, their treatment recommendations can vary. Ultimately the patients and family members have to decide how they want to manage the illness of their loved ones and their process of dying. Which means, they have to remain rational and clear despite being traumatised by the sad news of an illness.

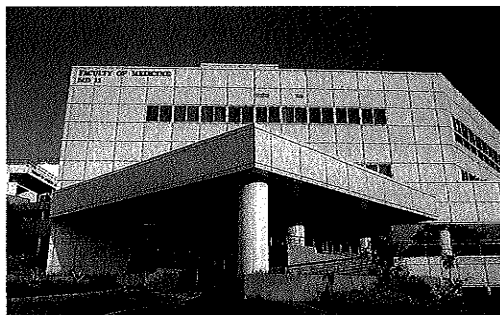
It is under these circumstances that a doctor's 'human touch' becomes significant. His patient-focused sincerity in taking time to explain to a patient his or her condition reflects a doctor's compassion, concern and empathy. It is simply caring for another fellow being. These attributes have been seen as hallmarks of the medical profession. Some observers lamented however that the increasing commercialisation of the profession has led to some doctors setting themselves up as tradesmen, driven more by financial considerations than by noble ideals of service to humanity with honesty, integrity and compassion. As a result doctors become callous and careless, spend limited time with patients, over-prescribe expensive drugs, recommend unnecessary investigation and treatment modes, prolong hospital stay, and so forth, all for personal gains.

If this commercialisation ethos is a perceived threat to the profession, then a sincere, compassionate, caring and empathetic doctor who spends significant time with patients and their families to explain to them the illness and prognosis and attends to their fragile emotional states, will be a doctor that makes the difference.

Personally, I need a doctor who is clear and logical in thinking, warm with a sincere heart, skilled with his hands for surgery, easy to reach in an emergency, empathetic in his communication patterns to restore in me a level of calm and confidence and makes me feel 'he is there' for me, does not over-charge me and is discreet by not talking about my condition to others. I would like my doctor to be humble and confident enough to collaborate with other specialists in the medical community to tackle an illness which he or she is uncertain about, in order to offer to me best practices in management and treatment. Fortunately, I have seen a lot of such 'good doctors' in my life-time, to whom I am grateful.

Ms Claire Chiang  
Nominated Member of Parliament

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Faculty of Medicine at Kent Ridge



For a layman, this question must depend on the meaning of the word 'good'. The Oxford Dictionary surprisingly devotes a full page on this word. Thus it means; inter-alia: (a) having the right qualities (dedication, knowledge etc); (b) commendable; (c) morally excellent, virtuous; (d) kind, benevolent; (e) agreeable; (f) reliable; (g) amiable; (h) soundness of judgment, and (i) practical wisdom.

Thus, first of all, a doctor must be professionally competent. This would cover knowledge (education), soundness of judgment and practical wisdom. Thus GP's should have all-round knowledge. They should literally know something of most of the ailments that inflict humanity. Thus, he should be able to distinguish malaria from flu, though malaria may not be common in Singapore.

At the same time, knowledge without soundness of judgement or wisdom (good professional judgment) may not be adequate. It must be remembered that there are too many variables inherent in the treatment of human beings and it is difficult to capture all the alternatives in a single decision. Doctors should not practise defensive medicine; at the same time the mere saving of costs should not affect his clinical judgment.

A doctor who has all the above qualities will still be inadequate if he has bad traits or bad character. Thus, a doctor must be 'caring'. He should therefore be kind and benevolent. He should also be reliable, agreeable and amiable. An ill-mannered doctor or a doctor who does not turn up in emergencies is likely to drive away patients, and also find himself before the Singapore Medical Council.

Last but not least, a good character is required. One can hardly pardon a doctor who has an adulterous affair with a (married) female patient. A person who abuses his position for sexual gratification should be treated with contempt. There is of course another problem of interpretation. Is there anything wrong with the "character" of a homosexual male doctor or a lesbian female doctor?

Dr Myint Soe  
Barrister-at-Law

A good doctor is sincere, dedicated and courteous. He is able to complement his medical knowledge and clinical judgement with humanistic qualities of integrity, respect and compassion. He sees his patients as fellow human beings and not as a 'case' with an illness. A good doctor is one who not only demonstrates professional competence, but also one who manifests personal qualities of patience, maturity and confidence. He listens attentively to his patients' complaints and tries to answer all their questions to the best of his knowledge. With his older patients, he does not attribute their medical problems to old age and equate aging with mental and physical decline. He is sensitive to his patients' special needs,

particularly their emotional needs and general well-being. He avoids robotic prescription of drugs but rather, helps his patients identify the underlying causes of their problems. His patients are comfortable about discussing even their sexual problems with him. Last but not least, he treasures his relationship with his patients based upon mutual respect and open communication.

Mr Henry Lim  
President  
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I suppose I cannot speak as a member of the public in the normal sense as I have taught in several medical schools, worked in hospital laboratories and sat on numerous medical boards and faculties (albeit in minor capacities) so I have a good idea of the range of doctors' duties and some appreciation of the difficulties they face. At least in the academic milieu they are grossly overworked but then almost any successful professional in this part of the twentieth century would claim the same. In response to the question as to what makes a good doctor, one is tempted to muddy the waters by asking: what kind of doctor? An argumentative person might maintain that the attributes most essential in say, a surgeon, differ from those in, say, a psychiatrist. Avoiding this perhaps sterile track, I would like to suggest what constitutes the bottom line. There is the old story, is there not, about a beautiful actress fainting in a restaurant and the sound system asking whether there was a doctor in the house? A lone medical doctor was beaten to the star's languishing form by a doctor of philosophy, a doctor of music, and a doctor of divinity. The PhD was a mine of pathophysiological knowledge, the musician had superb powers of communication, and the divine had unsurpassed compassion, but the medic was able to elbow them aside because, in that situation, he had the relevant competence. And that for me is the crunch. Competence above all, please!

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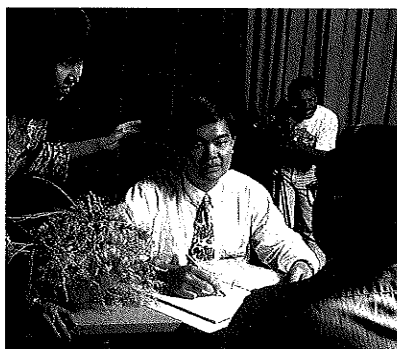
The Collins Reference English Dictionary defines a doctor as: (1) a medical practitioner; (2) treat medically, and (3) repair, mend etc. But what makes a good doctor? If I were the patient, what attributes would I like my doctor to possess? I believe that the qualities of a good doctor can be summed up by the word 'ASK'.

#### A is for Attitude

The attitude of a medical practitioner to his work, his profession, the patients he sees is of utmost importance. To me, a good doctor is one who genuinely cares for his patients, who possesses a deep compassion for them and is committed to alleviating suffering. He is motivated by the well-being of his patients rather than material or other gains, such as fame or status.



National University Hospital



Photographs courtesy of Faculty of Medicine, National University of Singapore

He is empathic, placing himself in the positions of his patients and seeing it from their points of view. He asks, seeks clarifications and listens actively to their woes and difficulties, and not assume that he knows them. He then decides on the diagnosis and treatment modality.

Since he has had the privilege and benefit of medical education, he recognises his obligation to society. He thus serves not only the individual patients that he sees, but the wider community in various ways eg. committees, public education programmes.

#### S is for Skill

Another very important quality of a good doctor is skill. He is skilled and competent in his trade, able to make accurate diagnoses and treat his patients appropriately to ensure the best possible recovery, without having to put them through a series of unnecessary and/or expensive tests, resulting in unnecessary suffering and hardship. This instills confidence in his patients.

#### K is for Knowledge

I believe that skills and the right attitude must be undergirded by sound medical and professional knowledge. A good doctor should keep himself abreast of latest research findings and developments that would enhance his professional practice as this would affect the quality of care that he provides to his patients. In addition, he should be adequately informed about the services that are available in the community. He could then make appropriate referrals for his patients eg. continence hotline, cancer support groups and day rehabilitation centres, to enhance their total well-being.

Ms Helen Ko  
Director

SAGE Counselling Centre

It is no mystery that people who consult doctors, whether a general practitioner or specialist, are often helped in their healing or empowered in coping with physical ailments, by the way they are treated.

Physical ailments are no longer regarded as having merely physiological origins. Both medical and psychological opinions tend to hold similar views that there are multiple factors leading to illness. Other factors such as life events, interpersonal relationship, environment and the interaction of the individual and these factors contribute to the vulnerability of the person.

It is also increasingly recognised that direct medical treatment can be supplemented with other means of healing. In recent times, there has also been an increasing practice of alternative medicine as well.

If adopt this holistic perspective to diagnosis and treatment of physical ailments, it is fairly obvious that medical practice should not be offered in a mechanical manner. It is a human service which has to be offered with a great deal of human touch.

In this way, one would expect that a good doctor would not only adopt such an orientation to people and medical practice but also possess general qualities that enhances the doctor-patient relationship.

This relationship would be one that exudes a warm, empathetic and personable approach to patients. The effect of such an approach would lead the doctor to listen carefully to patients and their stories connected to their complaints of physical ailments. It will also lead to an attempt to listen to other related difficulties in their lives.

If a doctor can offer this relational approach to medical practice, healing may be experienced beyond the physical dimension.

Mr Anthony Yeo  
Clinical Director  
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Ultimately what makes a good doctor would reflect a combination of the individual's background and personal qualities, including past training and continuing education, peer influences and professional relationships, and the values and standards imposed by the external environment and society in which the doctor lives and works in. Assuming that the selection process has chosen the best and brightest to enter the ranks of the 'noble profession', it would be appropriate that education and training should not only meet the requirements of their vocation, but also the changing expectations of the community at large. Rising pressures on the profession to provide higher quality and yet affordable healthcare would create tremendous tensions. The doctor must continue to do the altruistic best for individual patients, while justifying professional and personal interests against a climate of increasing regulation and cost-containment. As greater specialisation and utilisation of high technology medicine contribute towards fragmented, complex and dehumanising forms of practice, the more will be the need for the doctor to emphasise the 'softer' skills to provide personalised, integrated and continuing care. Doctors will also be hard-pressed to communicate better with a more educated and discerning population who demands the best and latest, and is only too keen to complain or sue for perceived deficiencies or malpractice. The future nature of medical education and supply of doctors will have to respond to such community expectations and demand (Phua KH and Jeyaratnam J, *Family Practitioner* 9:1, 1986).

An authoritative WHO publication gives the following qualities of the Five-Star Doctor:

- 1) responds to the patient's total health needs
- 2) makes optimal use of new technologies
- 3) promotes healthy lifestyles
- 4) balances patient's and societal expectations
- 5) works efficiently in teams

The Five-Star Doctor is one who improves the quality of care by responding to the patient's total health needs with integrated preventive, curative and rehabilitative services while considering the patient as an integral part of a family and a community. The Five-Star Doctor makes optimal use of new but cost-effective technologies, bearing in mind ethical and financial considerations and the ultimate benefits as well as costs to the patient and society. The Five-Star Doctor promotes healthy lifestyles by effectively communicating with individuals and groups and empowering them for their own health protection and well-being. The Five-Star Doctor reconciles individual and community health requirements, striking a balance between patients' expectations and those of society at large. The Five-Star Doctor works and functions efficiently and effectively in teams, both within and across the health sector and other socio-economic sectors influencing health (Boelen C, *WHO Bulletin* No. 3, 1992).

Such a balanced and holistic approach would require that the doctor's primary training and continuing education are based on a sound foundation in both the clinical and social aspects of medical care. Thus the good doctor is expected to have a more complete understanding of healthcare systems and health economics, socio-cultural and behavioural patterns of the population, ethical and legal issues of society which have an impact on healthcare and medical practice. Since healthcare and medical education are becoming monumentally expensive and have to be heavily subsidised by public funds, pressures can thus be expected to produce the right kind of doctor to serve the community in the most efficient and cost-effective ways (Yeoh TS, *Curriculum Development in Medical Education*, NUS, 1981).

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