Chapter Three

Family and Sexuality

WHEN LIFE CHANGES

We family physicians often toss around the phrase continuity of care almost as a badge of honour. In truth, it is a phrase that holds as much pain as it does pleasure.

Commentary

A privilege that I cherish is the chance to follow-up with a patient for many years. With a young child, or a young man or woman, I have the opportunity to watch them mature, go through their angsty, emotional years and emerge – one hopes – as happy, well-adjusted adults. With an elderly person, there is poignancy as I watch them age, and in Shakespeare's words, I witness the *last scene of all that ends this strange, eventful history… second childishness and mere oblivion… sans teeth, sans eyes, sans taste, sans everything.*

The medical students have drawn a cheerful depiction of care from womb to tomb. The accompanying vignette is a less cheerful account of care nearer the tomb.

What of the doctor? Continuing care necessarily means that the doctor is growing older, tired, and more infirm too, as the patient grows increasingly frail. We grow weary together.

— Dr. Tan Su-Ming

Table of Contents

Ninety and Up

I first met Madam T when she was seventy, attending for hypertension and diabetes, and once a year to put her thumb print on a form authorising me to make Medisave claims for her. She is now ninety.

The other day she came in on a wheelchair with her daughter. I had not seen her for some time. In the early days she would stride in on her own, a force of nature. Now she looked small and frail and a little lost, but she still seemed to recognise me.

As I reached for her hand to get her thumb print, I asked her, *How old are you this year? I am seventy,* she replied. *You must be quite hungry,* I said, knowing she had fasted overnight to do her blood tests. *Oh, not really, I've had breakfast.* Her daughter shook her head and corrected her mother. At this point I told her daughter that I couldn't take consent from mum this year because she no longer understood what was going on anymore.

I felt quite sad. I guess it was because I have known her for twenty years now. The capable matriarch I once knew, who chain-smoked, laughed throatily, ate with gusto, and always found it a thrill each year to go through this ritual with me of withdrawing money from her Medisave account, no longer had the mental capacity to do that.

— Dr. Tan Su-Ming

Table of Contents

STILL WATERS RUN DEEP

Family violence is not routinely volunteered when we ask patients why they have come to see us. It is an issue that is carefully wrapped in other symptoms, slyly presented behind alternative narratives, and becomes an problem we did not know we were looking for.

Commentary

As family physicians we have the privilege of sharing our patients' lives as they journey through health and illness over a period of time. In spite of this familiarity, the spectre of domestic violence does not surface readily and remains off-limits in routine discussions. Victims are silent out of fear, or of emotional and financial vulnerability, or simply out of resignation.

Often, there are tell-tale signs, such as an unusual bruise, or an out-of-character request for sick leave. However, like many undeclared medical pathologies, these non-specific symptoms and early signs are challenging to recognize for the clues that they are.

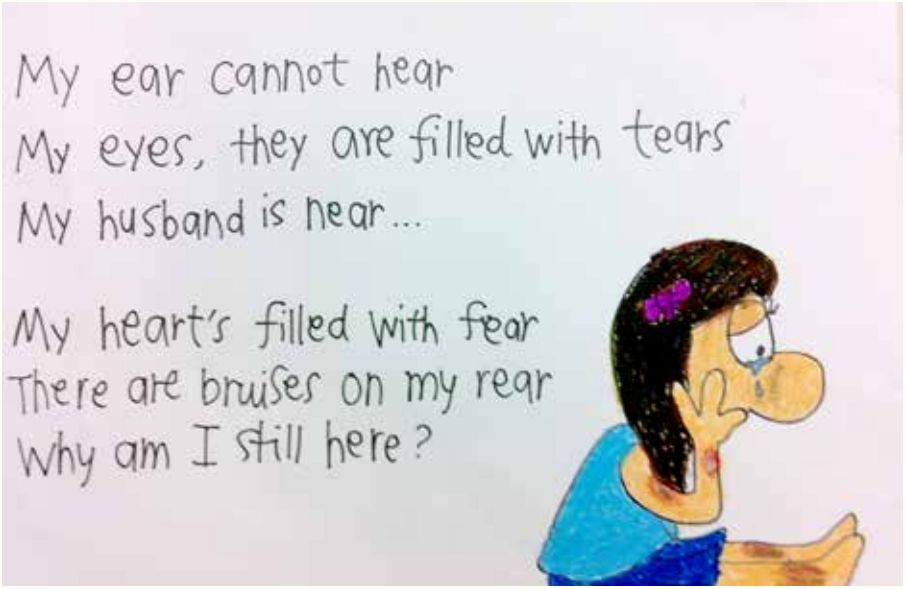
In the drawing, a woman sits quietly in the corner, a hand to her cheek and tears on her face. There are fresh bruises on her arms and her legs. The symmetry of the bruising is a harsh hint that her injuries may not be accidental.

The woman's voice comes through to us in haunting haiku. These are the child-like words of a grown woman, which are almost childish in their simplicity. Does she speak from the perspective of an established, accepted life rhythm? How does a rhythm get established except from practice and repetition, out of sight of those who could help her?

As family physicians, may we recognize the unmentioned.

— Dr. Ruth Lim

Table of Contents



Broken Wings

I remember the soft-spoken woman who was happy to share many of her significant life events with me. Over time, we talked about her children's weddings and looked at her grandchildren's photographs together. We talked through her fears of death as she cared for her ailing mother.

I thought I knew the patient and her family. A chance encounter and an unusual injury showed me otherwise. It was only then that the patient shared her darkest secret. She had endured years of verbal and physical abuse from her husband. The thought of leaving him had never crossed her mind. She was willing to tolerate, make excuses, and stay silent.

— Dr. Ruth Lim

THE INVISIBLE PROBLEM

As trite and as cliched as this sounds, we need to remember one simple lesson – life is not as simple as it seems. As healthcare providers with a special window into our patients' lives, we need to learn to be slow to judge. As fellow travellers, we need to recognise that the world can be starved of kindness.

Commentary

A woman stands defiantly, her back straight and her fists clenched. But her lowered gaze betrays the pain she must be feeling. She is occupying the central position in the composition, but there is no escaping the outline of the faceless shadow that stands behind her.

The wine glass is broken and overturned. We often associate wine glasses with celebration or pleasure, but this glass glints menacingly and is tinged with blood.

Domestic abuse can be common, but it is hard to see.

— Dr. Ruth Lim

In the accompanying vignette, Spiderman's mother assured us that she understood our instructions and knew how to administer his medications. The assurance was followed by a panicked telephone call after we had left her home, to tell us that she could not find Spiderman's medications! Eventually we had to accept that Spiderman's mother was unable to cope with caring for him at home, and arranged for admission to hospital. Even then, we only thought the mother was unreliable and in need of support, not anything more.

— Dr. Ann Toh

Table of Contents

My House of Horrors

I remember my ten-year-old home care patient. I always called him Spiderman. Spiderman was the eldest of three children, a school prefect, and chronically ill with a severe respiratory condition.

Being his doctor was frustrating. We made home visits to review and treat and support and saw his mother fail to keep on top of his treatment regimen.

I subsequently found out that, on top of caring for a terminally-ill child and two rowdy toddlers, Spiderman's mother had had to bear the brunt of domestic violence. All the home visits and the good rapport had not surfaced this issue. Life is not as simple as it seems.

— Dr. Ann Toh

FOSTERING

A child is placed in foster care when his own care structure has broken down. Fostering is meant to be a temporary arrangement, with the eventual goal of reuniting the child with his own parents. Children in foster care range from babies to teenagers, and from normal to those with special needs.

Commentary

I have family support, a good roof over my head, and financial stability. I could have been an orphan or had to grow up moving from place to place with no lasting home to call mine. I have a deep sense that I am blessed for a reason and that is to bless others.

A friend told me that in Singapore, it is not difficult to raise money and funds for those in need. But while we are materially rich, we are poor in the intangibles. *If you want to give to them,* she said, *give your time, yourself; give a supportive relationship.*

The older children and the teenagers are the ones who are most challenging to place in foster care. They have outgrown their cuteness factor and potential foster families are wary of youth with personalities of their own, no longer malleable or adaptable.

I know a couple who have recently taken in an older child with physical disability. One day, when I have finished my training, I hope that I do not forget to give as freely as others have.

— Dr. Ann Toh

Table of Contents

Foxes Have Holes and Birds Have Nests

I know a teenager in need of a home. He is a good boy but he has no one to turn to and nowhere to go. He does well in his studies and he has a good attitude – isn't this what we want all our children to be like? He gets bullied a lot in the Boys' Home that he is at because of his gentle nature.

He is an orphan in every sense of the word. His mother, who was a foreigner, has died. He does not know his father. He was born in Singapore but has no family here. Since his mother died, he has been living in the Boys' Home, but he is reaching the age at which he will need to leave the home. Will they send him back to his mother's country?

— Dr. Ann Toh

Table of Contents

CHILD ABUSE?

Childhood should be carefree, playing in the sun; not living a nightmare in the darkness of the soul.

— *Dave Pelzer,* A Child Called "It"

Commentary

When I was working in the home care services, we sometimes visited to investigate the home situation. There was a time we visited a woman's home to assess her coping, as she was caring for an impaired child.

On my first visit, I was truly horrified. History taking revealed that her fourteen-year-old daughter was having seizures almost every hour, was not on medication, and had not seen a doctor for many years. Was this neglect?

The girl herself was wearing a pretty, floral dress. The apartment was neatly kept. In fact, it was a welcoming, homey place, testifying to mum's efforts to create a refuge.

I probed very gently. Had there been difficulty in bringing the girl to a doctor? The woman's eyes welled with tears. Her child care leave had been used up to bring another child for visits; taking more time off would leave her jobless. She was a single parent trying to bring up six children, and she needed the job to support them all. How about extended family and relatives? Her facial expression and body language told me that this was not an available option.

It was clear through subsequent visits that there was no exploitation. She loved all her children, was trying her best, and was unaware that help was obtainable.

How many more of such families exist? Families struggling with the care of children with complex needs are sometimes barely afloat, and those with more than one ill child and facing economic hardship struggle the most.

— Dr. Ann Toh

Table of Contents

A Child Called "It"

The three-month-old boy was admitted to hospital for a respiratory illness. The senior physician picked up some hint that something was not quite right and ordered imaging. Behind his back, some of us laughed at him for being paranoid and for over-investigating. As a junior doctor, I did as I was told and organised the investigations.

We were shocked by the radiological findings. Not only did this boy have a possible leg fracture, he had also sustained a skull fracture. I scrambled to organise further cranial imaging.

The reasons the x-rays were done were so subtle that today I cannot recall exactly why we ordered them. Many of the other senior doctors at that time had questioned the need to do them.

I have now seen other such cases, many of which were picked up by school teachers. I worry that I may miss the non-accidental injury when I see a child for an unrelated illness. Yet I have also seen families torn apart by accusation when there was no real threat.

To pursue or not to pursue? This is a true conundrum.

— Dr. Ann Toh

Table of Contents

SEXUAL BOUNDARIES

On the subject of propriety and sexual boundaries, the 2016 Singapore Medical Council Handbook, section C4, has this to say:

…maintain propriety and take care not to breach sexual boundaries when managing patients, through inappropriate physical contact, or any sexualised behaviour of any kind … not only about avoiding inappropriate physical or genital contact... Sexual boundary breaches can occur with both male and female doctors and with male or female patients.

Commentary

Violations of sexual boundaries are serious offences even if the relationship with the patient is consensual.

The drawing depicts a surreal scene. The male doctor in the foreground has fixated his gaze on the demure, innocent-looking girl. We see flies busily buzzing around. A mysterious figure in black, with three hands, hovers in the background. One hand is preventing physical contact with the young girl, another hand is grasping a slimy green object from which the flies appear to emerge, and a third hand is around two mature women with exaggerated lips, as if readying them for the next encounter. Is the black figure a symbol of the provocation and restraint that some practitioners struggle with?

Human presence and relatedness are part of healing. The vignette reminds us that there are times the physician heals only when he is humanly present to another human in distress. Jane is asking for existential affirmation of her being human – a request that is neither sexual nor romantic. A powerful therapeutic opportunity would be lost if the doctor's response is insensitive.

Doctors need to be able to identify and navigate perceived intrusion of boundaries, and have supervisors that they can share these situations with, in order to practice safely, ethically, and therapeutically.

— A/Prof Cheong Pak Yean

Table of Contents

Doctor, Please Hug Me!

Dr Roger Than* noticed that Jane* had attended many times during the past year for various symptoms like giddiness and chest pain. Her present problem was a panic attack. Dr Than decided to ask more this visit.

Jane revealed that she had been estranged from her husband for one year. She and her husband lived together but led separate lives. They communicated via Post-It notes or cellphone texts even if they were both home. Her husband slept in the study. Jane denied depression or suicidal thoughts. Dr Than reminded her that he was always there for her, and that she should come to the clinic at any time if she ever thought of attempting suicide. Before Jane left the consultation room, she surprised Dr Than by saying, "Please hug me."

The doctor was in a quandary. To hug her risked breaching sexual boundaries. Did Jane feel that he was a surrogate? Not to hug her, or to expressly ask the female chaperone to return to witness the hug, would smack of insincerity. A discourse on ethics and boundaries would fall flat.

After a moment of awkward silence, Dr Than said, "Jane, may I ask why you made that request?" Jane answered, "For the longest time, I have felt dead. I am unworthy of human contact. What you just said touched me." "And what would you feel when I hug you?", to which Jane replied, "I would feel alive; a human being again." At this the doctor placed his hand on her shoulder and warmly shook her hand with the other.

— A/Prof Cheong Pak Yean

*Names have been changed.

Table of Contents

SEX MATTERS

One consequence of a busy primary care practice is our contact with a multitude of people and with multiple other perspectives from our own. It is useful to pause occasionally and consider how much of what we believe to be the right thing is actually cultural conditioning.

Commentary

promiscuous
adjective
having or characterised by many transient sexual relationships.

polyamory
noun
the practice of engaging in multiple sexual relationships with the consent of all the people involved.

What is responsible sex? Is monogamy the responsible sex model? Yet we have unintended and unwanted pregnancies ensuing from monogamous relationships.
What is consensual sex? Is it the sex within a monogamous relationship? In that case we would not need legislation to allow a wife to sue her husband for rape.
What is a monogamous relationship? Is marriage not the most committed form of monogamous relationship? If that were the case, we should run out of affairs of the heart to gossip about.

Attitudes towards sex fall on a spectrum. Just as we have people who support freedom, there are people whose outlook we may consider to be conservative, or even timid. The accompanying vignette describes such a person.

We are the products of our culture, traditions, moral framework, values, and experiences in life. Long before we become adults, our perspectives on social order and relationships have already formed. For many of us, once formed, they become the lens through which we view the world around us.

— Dr. Angela Tan Qiuli

Table of Contents

At Last!

L was a thirty-two-year-old woman, recently married and unable to allow penile penetration during sex. Growing up in China, she did not recall any sex education, and before marriage, her mother had warned her that sex was extremely painful for the woman. Her anxiety with sexual intercourse began the day before her wedding. Every time her husband attempted to penetrate her, L had severe pain and was unable to part her legs.

Treating L involved a multidisciplinary team that included a physiotherapist and a psychologist. Various interventions spanning education, relaxation techniques, exercise and stress management, and visualisation techniques were used. It took months, but L and her husband were eventually able to successfully consummate their marriage.

— Dr. Jean-Jasmin Lee

SIZE MATTERS!

Our views, expectations, and expression of intimacy have been affected, modified, and transformed by scientific progress and technology, perhaps more so than that of any previous generation.

Commentary

Some men feel that the best way to satisfy their partner is to have good erectile function. When this does not happen, the relationship is affected.

In the drawing, the students have included a little rhyme that captures the man's hope that the little blue pill will solve his problems. We may find the words amusing, but to some men, this is a serious quest.

The zealous search for a good erection has spawned a lucrative market in creams, pills, suction devices etc., that may do more harm than good. We remember cautionary tales of men who lapsed into hypoglycaemic coma from ingesting adulterated libido boosting pills.

Has the search for a phallic triumph become the goal of a relationship? Is coitus the only way to express love and intimacy?

— Dr. Angela Tan Qiuli

Table of Contents

Things Fall Apart

A forty-eight-year-old man had penile resection and radiotherapy for penile cancer. This was followed by a year of rehabilitative sex therapy that included psychological therapy and couple work, as he and his wife explored alternatives to traditional sex. They eventually learnt to use other erogenous zones, sex toys, and prostate stimulation to achieve orgasm.

Penetrative intercourse is only a small part of sex.

— Dr. Angela Tan Qiuli

THE SEED

We learn to take sexual history at the time we learn to take the history of presenting complaint, past medical and surgical history, social history, travel history, etc. Yet over time, when life and busyness get in the way, we tend to drop exploring whatever is not on the surface, and sometimes sexual history is the first to be dropped.

Commentary

Sex matters are a topic for whispering about rather than for open discussion.

With sexually transmitted diseases, an understandable stigma contributes to a taboo situation, where concerns about discovery are compounded by guilt and other anxieties.

Apart from the fear of catching infections, pre-marital and extra-marital sex may also carry its own other burden. The drawing on the next page depicts a couple who enjoyed themselves the previous night but are now on tenterhooks about a potential unintended pregnancy.

Even within the boundaries of traditional, sanctioned relationships, there may be social expectations and norms that affect how people feel. In the accompanying vignette, the couple is married in the eyes of the law but do not feel married in the eyes of their ancestors yet.

A side consequence of these apparently illicit activities is that the family doctor is asked for the remediation to their indiscretions. In some cases, these requests are made "by the way", wrapped up in some other more respectable reason for encounter.

— Dr. Angela Tan Qiuli

Table of Contents

The Morning After

M was twenty-six. She had registered her marriage six months ago to K, and they had set up home in their apartment. However, they had not gone through the traditional wedding rites, and their tea ceremony was not due for another six months.

M attended because the condom had torn the night before. The last thing she and K wanted was the thought of a pregnancy before the tea ceremony. Because of this she had spent an agitated, sleepless night.

She had regular cycles and her next period was due in a week. Despite understanding that her chance of conceiving was low, it was difficult for M to stop worrying, and she wanted the morning after pill as insurance.

— Dr. Angela Tan Qiuli

SEXUALLY TRANSMITTED DISEASE

Human sexuality is a taboo topic across almost all societies and cultures. Sexually transmitted infections, or STIs, are stigmatising. The patient is unable to discuss his condition socially, in the way a patient with a heart condition can. STIs carry the stench of a socially unacceptable condition that represents punishment for forbidden sexual adventures.

Fear of discovery is compounded by guilt over the possibility of spread to others. This is a common, hidden anxiety that patients bring to STI clinics. Patients are known to over-examine their physical body, looking for signs and relating their physical symptoms to a lurking STI.

Discovered!

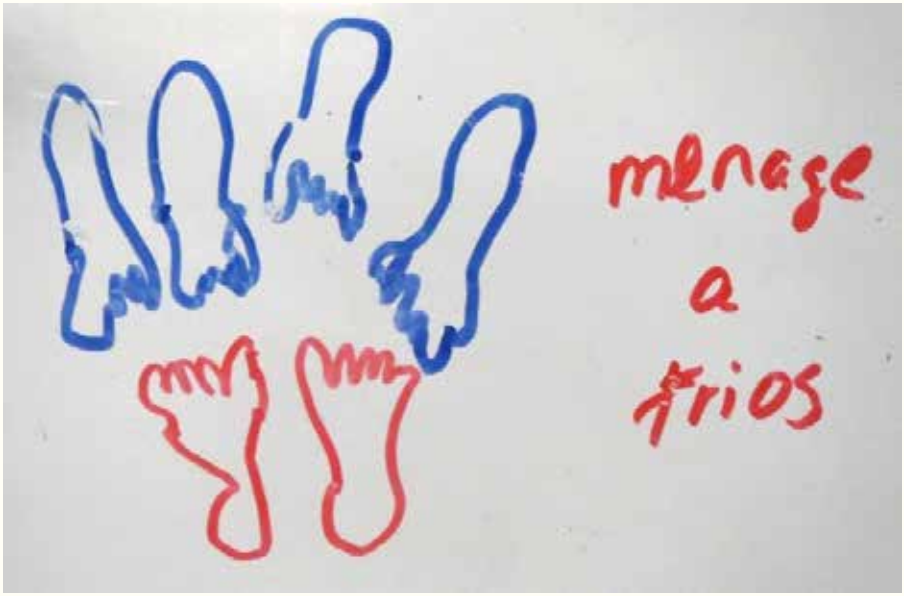
Getting an accurate history is primary. In the drawing, there are three pairs of feet, captioned *ménage à trois*, which is French for a sexual threesome. The man has painful micturition with purulent urethral discharge, but denies any sexual encounter with his wife recently, or with anyone else outside his home.

What he eventually reveals is that he has had consensual sex with his domestic helper and her female friend in his home, when his wife was out. Clearly, treating urethritis includes managing biomedical and psychosocial dimensions.

Public health issues are pertinent here. The doctor needs to advise on the epidemiological treatment of the two sexual partners. In this case, one needs to consider the legal aspect as well. As the helper is in the patient's employment, the question arises of whether the patient has broken any law, even if the intercourse was consensual and even if the helper has not complained.

— A/Prof T. Thirumoorthy

Table of Contents



Haunted by the Past

A young woman was about to marry soon. She consulted the doctor because she had detected small lumps around her introitus, which persisted even though she had vigorously scrubbed the area with Dettol.

She believed these were viral warts transmitted through sexual intercourse with different partners over the years. Hence she feared her future husband may see these lumps, and worse, get infected through her. Examination revealed that the papules she pointed to were discrete keratin papules accentuated by friction and dryness.

Despite reassurance that these were normal skin blemishes and that creams would ameliorate them, she insisted on ablative cautery. In her mind, these were concrete reminders of her past sexual encounters, and she sought medical treatment to expurgate them from her body and her mind.

— A/Prof Cheong Pak Yean

Table of Contents

SEXUALLY TRANSMITTED DISEASE

Fear of having a sexually transmitted disease, or STI, despite adequate treatment is common. This fear may drive a patient to seek further medical treatment even though he may have no symptoms.

It is medically acceptable to treat asymptomatic patients for an STI on strong epidemiologic grounds. This may be so in cases of a high-risk sexual relationship, or when there is risk of transmitting to another partner during the incubation period, and when the patient is travelling to locations where access to good medical care is not available. Moreover, in pregnant women, sometimes the appropriate strategy is to treat prophylactically.

Replay

Persons who are separated from their regular partners, for example, sailors, soldiers on overseas deployment, workers in a foreign land, or long-distance drivers, are at risk of casual sex and the use of commercial sex workers. Education for STI prevention and access to condoms are good public health measures.

The drawing is about a patient who does not have clinical evidence of STI.

In this case, the fear of infection is precipitated by the foreign worker's upcoming home trip. The doctor gives the injection because of the patient's incessant pleading, as he cannot be sure that the patient has not had renewed exposure since the last episode of STI. Should the doctor give a placebo injection instead of the antibiotic? In this situation, giving a placebo may betray the trust the patient places in his doctor.

There is an additional point to make here. In patients with no clinical or laboratory features of an STI, and in the presence of strongly held beliefs that defies medical information and reassurance, we may need to assess for psychiatric issues. In STI clinics, it is not uncommon to encounter patients with anxiety with somatisation, or to uncover a latent obsessive-compulsive disorder, or monosymptomatic delusional disorder, after a causal sexual encounter.

— A/Prof T. Thirumoorthy

Table of Contents


I need ceftriaxone
Did you visit prostitutes again?
OK
Husband
Wife
Doctor

SEXUALLY TRANSMITTED DISEASE

The management of sexually transmitted infections, or STIs, beyond the biomedical and epidemiological does not just apply to older patients. Young men and women who are confident in their immunity from serious disease are just as vulnerable to STI fears and misperceptions.

Fears and Misses

Here, the drawing captures the dread of a sexually naïve teenager who is worried that the lesions on her hands are sexually transmitted. She has engaged in heavy petting with her older boyfriend who has ejaculated onto her hands. Careful examination, blood tests, and reassurance do not avail and she is persuaded that she is ill. Unmanaged and unchecked, this discomfort can take on a life of its own and become a psychosis.

At the same time, a person may have a true STI and mistakenly attribute greater significance to it than it deserves. This may be particularly so because STI is such a prohibited topic of discussion. We only ever whisper and speculate about it, and the secrecy feeds whatever misconceptions we may already have.

— Dr. Jean-Jasmin Lee

Table of Contents

Old Terrors, New Shadows

Madam Neela* was fifty-six years old and happily married to her second husband Raj*, but their physical intimacy had greatly reduced recently. Before meeting Neela four years ago and marrying her, Raj had used prostitutes for gratification. A year ago, Raj had been diagnosed with genital herpes. To make matters worse, he had poorly controlled diabetes, and for the past year he had been afflicted with herpes attacks every month or so. Although Neela did not consciously hold Raj's past against him, she found herself wondering if he was being punished for his past transgressions. It took a multi-pronged explanation to get the couple to realise that the herpes attacks were not nature's retribution, but could be curbed with better glycaemic control and appropriate medications.

— Dr. Jean-Jasmin Lee

*Names have been changed.

Table of Contents

TEEN PREGNANCY

In every conceivable manner, the family is the link to our past, the bridge to our future.

— Alex Hailey

Detecting Pregnancy

A pregnancy that is unplanned or unwanted can result in many psychosocial issues, and all the more so when the pregnant woman is a teenager. These three drawings and their related vignettes traverse the three phases of teenage pregnancy – diagnosis and decision about the pregnancy, dealing with the immediate, and finally, the long-term consequences.

The drawing depicts a fourteen-year-old girl presenting with abdominal pain due to a twenty-six-weeks-along pregnancy. We are unsure if the sixteen-year-old schoolmate who accompanies her is her boyfriend, the father of her unborn child, or a trusted friend. The girl appears ignorant and lost. She seems to be most concerned about finances.

We see a faint drawing of a balance scale. Is the artist alluding to a lack of justice? The female teenager is bearing the consequences of unprotected sex whilst her male partner appears to have been spared.

The accompanying vignette describes a similar case seen by the author in a private clinic. The young couple decided to get married, and in fact went on to have another child. The clinic nurse who went out of her way to support the patient during her pregnancy deserves commendation. Unfortunately, the marriage failed, and the patient found herself alone and supporting two young children.

On reflection, was marriage the better decision, or could she have considered giving the child up for adoption?

— Dr. Ang Lai Lai

Table of Contents

Young Passion

I saw the seventeen-year-old girl with her polytechnic student boyfriend. She was a sweet-looking girl, not the defiant rebellious type we associate with promiscuous behaviour. It was her first visit to my clinic and she wanted a pregnancy test. Actually, the test was unnecessary, as she was already twenty-four weeks pregnant.

She came from a broken home. Her mother was the second wife and she had been cared for in a Girls' Home due to inadequate home supervision. My nurse took it upon herself to house her and to care for her till she delivered. The couple then brought the baby home, got married and soon had a second child.

But all did not end well. The marriage ended in divorce a few years later.

— Dr. Ang Lai Lai

Table of Contents

TEEN PREGNANCY

…teens are not emotionally or mentally ready to be parents.
So one baby born to a teen mum is still one too many.

— Dr. Carol Balhetchet

The Psychosocial Conundrum

In the drawing the question is asked, *why (did you) not use condom(s)?*, rather than, *why did you engage in premarital sex?* The girl looks young, with her hair in pony tails and hair band and in what looks like her school uniform, and she looks despondent. The woman with her is older. Could she be a counsellor or a teacher? There is an angry face in the thought bubble. Is that the face that of the girl-child or of her parent?

The pregnant girl has an entire suitcase full of emotions ranging from fear of her parents' reaction, to their disappointment and anger, her shame, and her worries about finances. She is crying and begging for forgiveness and hoping for acceptance. Meanwhile, the sun shines and life goes on.

In some societies, young brides and teenaged mothers are not uncommon. Is mental readiness for motherhood a perception, or is it a physiological event?

The young woman in the vignette decided to terminate the pregnancy. Although the abortion had no medical sequelae, she went through a psychological crisis and it took her many years to close that painful chapter of her life.

— Dr. Ang Lai Lai

Table of Contents

Scars

I remember my twenty-year-old patient, a quiet undergraduate and a self-professed introvert. She was the adopted child of an older unmarried woman.

One day, she came to my clinic because she had missed her period. The pregnancy test was positive and I let her think through what she wanted to do with her unplanned pregnancy. She decided to have a termination of pregnancy in spite of her religious beliefs. I accompanied her to the gynaecologist.

After the procedure, she sent me a thank you card and a ceramic plaque inscribed with the words *A real friend is one who walks in when the rest of the world walks out*. She also stopped attending my clinic after that. Perhaps she did not want to remember her past.

A few years later, she returned to tell me that she had become a teacher and was in a new relationship. She had come to let me know that she had moved on.

— Dr. Ang Lai Lai

Table of Contents

TEEN PREGNANCY

Going by the combined number of live births and abortions registered to teenaged women, the total number of teen pregnancies has declined from 1,622 in 2005 to 747 in 2016. The corresponding numbers of live births to women below 19 years for those years are 343 and 404.

Social workers believe the declining number of pregnancies results from a better knowledge of contraception. The larger number of pregnant teenaged women who go on to deliver may reflect greater acceptance of single mums and better support during pregnancy and beyond.

My Sister, My Daughter

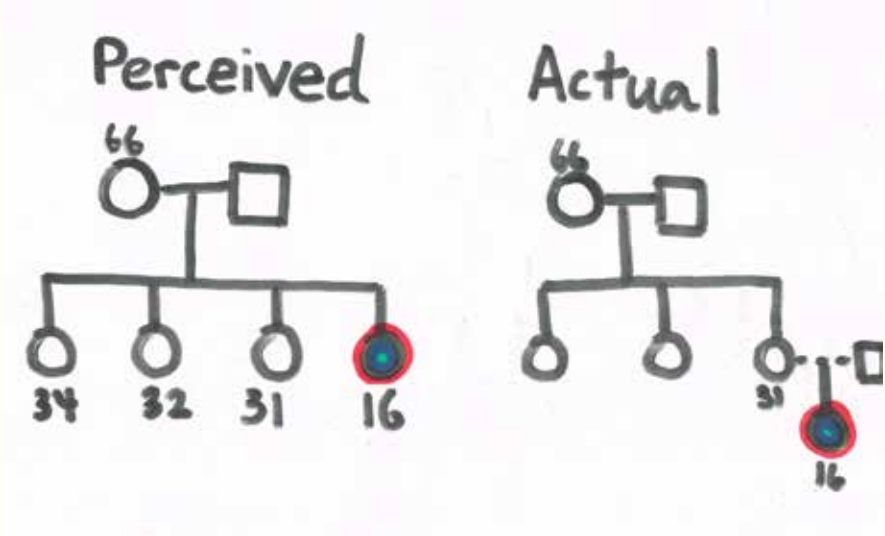
Through the clever use of the two genograms, the medical students document a baby born out of wedlock to a sixteen-year-old girl, adopted by the mother's parents, and brought up as their daughter instead of granddaughter. The grandparents become the adoptive parents, and the mother becomes the child's sister.

The students envision a scenario where the young girl keeps the pregnancy because it is too advanced for termination. She receives forgiveness and acceptance from her family and, after a hiatus, continues with her life without the stigma of being an unmarried mother. At the same time, her child is brought up by her loving parents and remains in close contact.

Diagnosing pregnancy is straightforward. Managing a pregnant teenager requires the involvement of gynaecologist, obstetrician, social worker and the family. The family doctor can play an integrating role.

— Dr. Ang Lai Lai

Table of Contents



On Diagnosing A Teen Pregnancy

What is the doctor's responsibility upon making a diagnosis of pregnancy in a teenager?

Pregnancies in women fifteen years old and younger are considered high risk, and should be referred to an obstetrician.

In Singapore, the legal age to have sex is sixteen years. This means that sex with persons below the age of sixteen years is punishable, according to Section 376A of the Penal Code.

Additionally, under Section 375 of the Penal Code, a man will be guilty of rape if he has vaginal sex with any girl younger than fourteen years.

The doctor has a duty to make a police report.

— Dr. Ang Lai Lai

Table of Contents

WHO ARE YOU?

When I started work as a doctor at twenty-four, my view of sexuality was: heterosexual, homosexual, or bisexual. As for gender, you were either a boy or a girl. And my conservative and religious background made me believe that homosexuality was a perversion and against nature.

Commentary

Along the way from the twenty-four-year-old me to the fifty-two-year-old me things changed. What has changed is that I have seen more, and I don't hold the same views anymore.

It's comforting to be able to pigeon-hole people. We like to know: *What are you?*

Native Americans used to recognise five different sexes, including men who thought of themselves as women, women who thought of themselves as men, and bisexuals. All this got stamped out when the Europeans arrived in the Americas.

I now think that sexuality can be fluid. I think that human beings will love who they love and be attracted to who they are attracted to. I think that we do not have to pigeon-hole people. I think we should live and let live.

— Dr. Tan Su-Ming

Table of Contents

A Boy Named Chantal

Adam always insists on being called Chantal, so that is how my clinic staff and I address him. I have known Chantal for ten years; he is now thirty-six years old. He comes every few months for sleep difficulties.

Chantal is a "pre-op" transsexual. He has breasts from hormonal treatment from various sources, but he has not had the funds or, I suspect, the complete resolve, to have the surgery that will complete his change.

I have seen him high from a relationship with a new man, and in despair over a breakup, when he goes back to his grandmother's home. He is estranged from his parents.

Yesterday, Chantal came to my clinic after another quarrel with his boyfriend. "I've had it with men!" he said. "I'm going back to women."

"Wow," I said. "Are you going back to being a man?" "I'm going to be a lesbian!"

I wanted to say, but you're a boy. But I held my tongue because I know that everyone is looking for love and acceptance. Chantal just has a harder time than most of us.

— Dr. Tan Su-Ming

Table of Contents

GENDER IDENTITY

What is more difficult? Accepting your child for what they are or burying them because you couldn't?

— Anonymous

Commentary

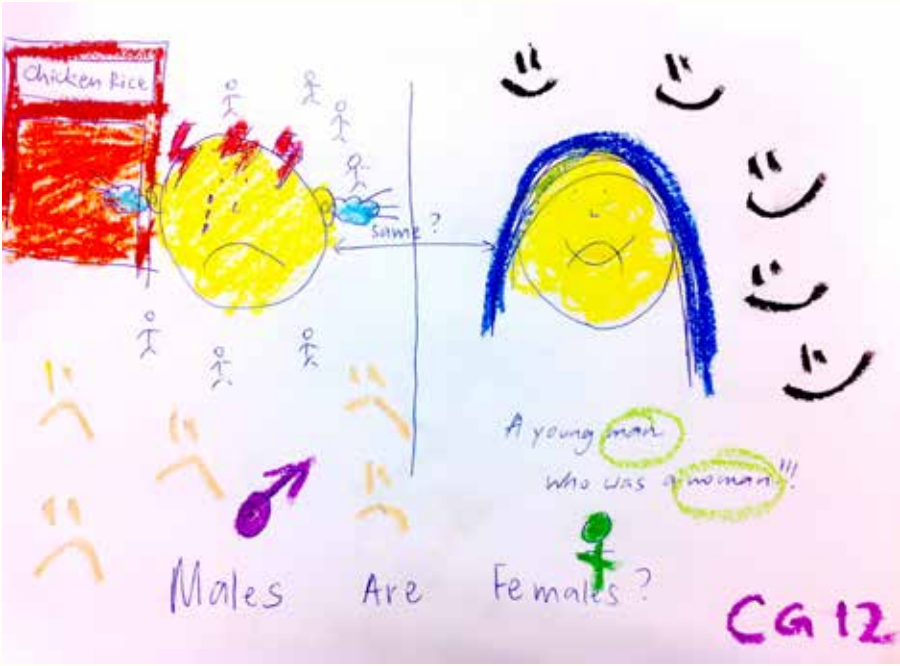
Being gender diverse is not a mental health problem. However, children and teenagers with gender identity issues often have mental health concerns, evidenced by higher rates of depression, anxiety, self-harm, and suicide attempts. A supportive family and school environment can help protect young people and improve mental health outcomes.

The picture shows the inner turmoil of a young man trapped in his biological body, and the peace, happiness, and triumph over fear when he is a "woman". This pretty much sums up what people with gender dysphoria feel. They are not becoming another person. They are already who they are. They just want their body to reflect what they have always been.

I can't help thinking that in situations such as Alvin's, acceptance must come from parents first. Among the many sources of tension and distress between Alvin and his parents, the fact that he may not fit society's – and his family's – expectations for his assigned gender is perhaps the greatest, and hardest to accept.

— Dr. D. Gowri

Table of Contents



Alvin

Alvin was a shy sixteen-year-old. I had been his family doctor all his life. His mother brought him one day, saying *doctor, something is wrong with his mind.* What followed was a long conversation with Alvin alone.

Alvin described a long-standing, intense dislike of the physical signs of his maleness and an instinctive comfort in the gender role of a female. His friends thought he was queer and he felt low, frustrated, and anxious. His school performance had suffered and his parents were at their wits' end when his mother brought him to me.

His mother did not accept my provisional diagnosis of gender dysphoria, but she eventually agreed to my referring her son to the psychiatrist. As he left my room, Alvin turned back, gave me a swift smile and said, *thank you so much.*

— Dr. D. Gowri

Table of Contents

STILL FAMILY

Marriage is, by and large, a contract between two consenting individuals. People marry for legal, social, emotional, financial, or religious reasons. Increasingly, the marrying individuals may be of different ethnic groups or different nationalities. The contract can be an arranged one. Most marriages are monogamous although some cultures and religions permit polygamy.

Up until recently, legal frameworks ensured that marriage occurred between a man and a woman. Of course, this is changing. As of January 2019, over twenty countries recognise and allow same-sex marriages.

Commentary

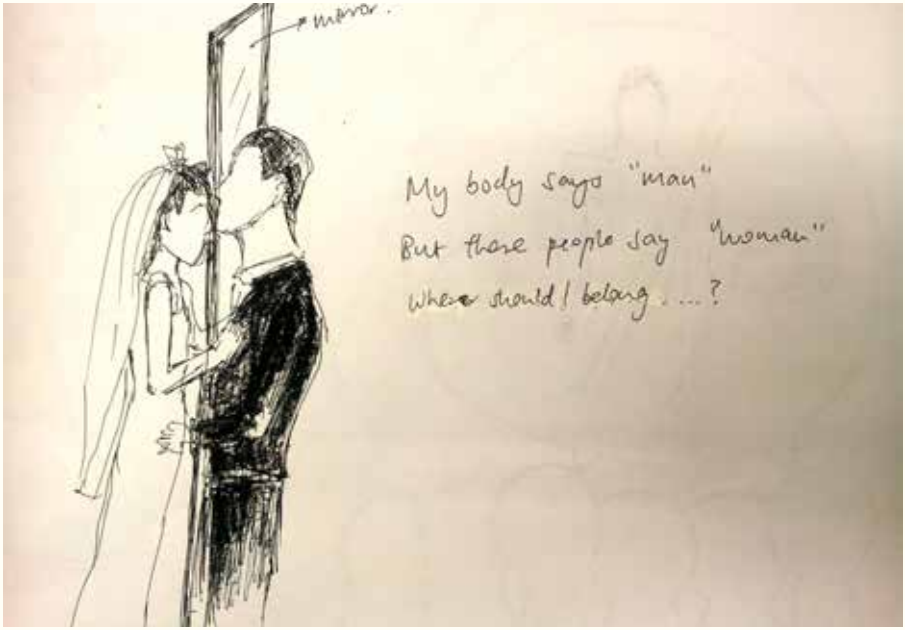
Same-sex relationships are frowned upon in our society. Famously, homosexual sex between consenting men is criminal, although the law is not enforced. Same-sex marriage is not recognised. That said, many same-sex couples are living together openly as spouses in a committed relationship.

One such male homosexual couple made the news recently. One of the partners was trying to legally adopt his biological child, born overseas of a surrogate mother. In a landmark ruling, the High Court allowed the adoption to proceed.

As physicians we may need to deal with these new family units sooner than many other people. Members of non-traditional families face all the traditional health challenges that require our care. Not only that, because same-sex relationships are almost unthinkable in conservative Singapore, extended family members may face additional stresses too. The vignette describes such a family member.

— Dr. Matthew Ng

Table of Contents



Tempest

Madam K was in her sixties, just one of the many patients waiting to see the doctor. She had diabetes, hypertension, and dyslipidaemia. She lived with her three adult daughters in a five-room flat. Her husband had died years ago from nasopharyngeal cancer. Things were stable at home.

Three years ago, her oldest daughter brought her female partner home to live. Seeing this, her youngest daughter brought her partner home as well. This partner also turned out to be female. Madam K was horrified and devastated. The tensions eventually lessened when she realised that her daughters' partners treated her respectfully and well. Her middle daughter married and had a baby, whom Madam K helped look after. Things improved at home.

These days, Madam K has found some peace. She treats her daughters' partners as two additional daughters in the home. Her daughter continues to drive her to her clinic appointments. Things appear to be at a new stable.

— Dr. Matthew Ng

Table of Contents