

emphasised here. A number of patients have anxiety and depressive symptoms right from their teenage days. SSRIs are commonly prescribed. Chronic fatigue syndrome, chronic pain syndrome, and fibromyalgia are not uncommon. Skin cancers are managed at primary care setting with frequent biopsies and wide-margin excision. I have to learn the use of dermatoscope for the diagnosis of skin cancer. With most patients well-read and knowledgeable, communication skills are of paramount importance.

This is a free country. Free for all. I can see workers from all nationalities in shopping complexes, retail shops, restaurants, and banks. Respect for persons is highly upheld here; you will see passer-bys greeting and wishing one another, "How are you?" "Have a wonderful day!" Though I am an international graduate and new to the practice, I am surprised to see patients respectful and grateful. Innumerable times daily, I could hear so pleasantly, "Thank you for your time, doctor," "Thank you very much." You

can be sure that patients are also vocal in expressing their displeasure and views concerning aspects of treatment. They write freely and extensively in feedback. Anti-vax movement is prominent. There are those who would rather lose their jobs than be vaccinated.

Daily I will see groups of mountain bikers swishing through the streets with full gear at dawn. When summer starts, windsurfing, kite surfing, stand-boarding, canoeing, kayaking, sailing, picnics and all sorts of sports fill the beaches and gym.

Yes, I do enjoy it all --- but not without hard work and a steep learning curve! My work day starts at 5.30am from home and ends at 5.30pm in the evening, with about 3 hours of travelling to-and-fro. Please be reminded that there are 18 hours of daylight in midsummer!

■ CM

Learning about Marshall Rosenberg's Nonviolent Communication

by Dr Hong Yinghui Lois, Family Physician, Editorial Team Member (Team B)

Recall the last time you experienced these scenarios. How did you feel, what did you say, and what did you do?

- Your teenager rolls their eyes at you when you're expressing concern for them.
- Halfway through a challenging consult, you realise a patient's relative is recording the conversation.
- A colleague texts you a sarcastically worded criticism of the way you managed a couple of patients.
- At a staff meeting, a decision is announced that you strongly oppose.
- A family member argues vehemently with you about COVID-19 vaccination.

These are not enjoyable experiences to recall. Yet, our responses to these very moments define and shape our leadership style, our values and our approach to resolving conflict.

The book "Crucial Conversations", by Patterson *et al.*, described situations where "stakes are high, opinions vary, and emotions run strong". In these moments, we may start off calm, cool and collected. Then, often without warning, the conversation takes a turn and we are yanked into conflict. Our hearts race, our pupils dilate, our protective goggles fog up. We respond with silence (withdrawing,

mentally "checking out", physically leaving) or with violence (hostility, aggression, sarcasm).

Psychologist Marshall Rosenberg (1934–2015) developed Nonviolent Communication (NVC) as a set of skills based on the principles of shared humanity, compassion and connectedness. My inner skeptic initially dismissed these as platitudes. However, I became interested when I heard how Dr Rosenberg had developed NVC while helping desegregate American public schools in the '60s, and that NVC has been practiced in post-conflict settings such as Rwanda, Sierra Leone, Croatia and Israel.

Rosenberg begins with two deceptively simple questions:

1. What is alive in you?
2. What would make life more wonderful?

These questions are not merely inspirational- they engage our thoughts, emotions, and behaviours (the classic triad of Cognitive Behavioural Therapy). They help us connect with the experiences and needs of the other person, as well as our own.

Rosenberg described four components of successful NVC: 1) **Observation**: Describing, without judgement. He writes, "Keeping observation and evaluation separate in our thinking and communication is one of the hardest things

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to do. There's a time to observe and a time to evaluate – almost never a good idea to do both at the same time.”

- 2) **Feeling:** You might not have frank alexithymia (problem with feeling emotions), but many of us demonstrate a kind of “dyslexithymia”: we don't distinguish between our feelings (e.g. anger), and our evaluations (e.g. that someone deliberately slighted us). NVC encourages us to identify and express our feelings (e.g. I feel lonely) instead of expressing our evaluation, interpretation or judgment (e.g. I feel that you are always too busy to care about me). Expressing an emotion without tying in a criticism of the listener is more likely to get a compassionate response instead of leading to an escalation of conflict.
- 3) **Needs:** We're to state what need we're experiencing that's not being met (What would make life more wonderful). The first time I tried this, I choked on the word “need”—and yet, we *do* have needs. Everyone does.
- 4) **Request:** This is a clear, specific way that we're asking the other person to help us.

“**Identifying and sharing our feelings and needs or making a request may at times be restrained by our cultural upbringing, our trust of the person in front of us and our pride — it takes time and much effort.**”

Identifying and sharing our feelings and needs or making a request may at times be restrained by our cultural upbringing, our trust of the person in front of us and our pride — it takes time and much effort. To encourage us to learn and practise NVC Rosenberg describes how different people have successfully used NVC: embittered spouses; feuding West African warlords; disenfranchised inner-city youth; even a woman who deflected a physical assault using only her words.

We can also help others express themselves with elements of NVC., e.g. “Am I right to say that in this moment I'm not meeting your need for (efficiency/understanding/orderliness/pain relief)?” Rosenberg pointed out that these empathic statements don't have to be accurate. Just by eliciting their feelings, needs and/or requests, we're guiding them towards constructively expressing what is alive in them.

Out beyond ideas of wrongdoing, and right-doing, there is a field. I will meet you there.

- Rumi

■ CM

What concoctions make a fulfilling GP's tequila sunset?

by Dr Lye Tong Fong, Family Physician, Editorial Team Member (Team B)

Tequila sunset? ...What cocktail is that? We probably heard of tequila sunrise more often than tequila sunset. Now let us look at the recipe of tequila sunrise to appreciate the difference between these two cocktails. (Feel free to go ahead and try it)

Tequila sunrise: Pour the 3 parts tequila and 6 parts orange juice into a highball glass over ice. Add 1 part grenadine, which will sink to the bottom. Stir gently to create the sunrise effect. Garnish with orange slices and cherry and serve.

Tequila sunset: The main difference is grenadine is substituted with dark rum, Soda (with red food coloring) or blackberry brandy which is less sweet.

Please allow me to share with you my perspective on preparing for our sunset years as a General Practitioner (GP) who just passed 50. Having run a 24-hour medical practice for the last 20 years, it is probably a blessing for me to meet locums of different shapes and sizes (some of them are concurrently running their own clinics). I got to know some of their stories. Some do it to supplement

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