Reflections on Health Screening

Health screening has always been popular. It promises a means to detect diseases early enough for treatment to be instituted and hopefully cure to result. The reality of course is that it is not so simple. There are pros and cons for screening. There is a need to educate the public and profession alike on what is worth screening and what is not. Also, in the economic world, there is a resource cost, even if the user is willing to pay for screening that does not achieve the goal of early disease detection.

In the changing world of cancer detection, what is worth and not worth screening is in a flux. There is a need for a MOH select committee to be formed to conduct reviews into ongoing surveillance of current literature to provide practitioners and public on what is worth screening and what is not. The SMA will be pleased to be in such a committee. There is also a need to prevent abuse of screening.

WRONG USE OF TESTS

The use of cancer markers like CEA is not for screening but for follow-up of post-treatment cases for cancer colon. Similarly, CA125 is not useful for detection of cancer of the ovary. The use of PSA for screening prostate cancer too is not clear. These tests give false alarm and false reassurance. Do false alarms and false positives matter? They do. In the first category will be the needless worry. What is even more serious is the unnecessary wild goose chase that follows and as investigations and tests are not always without harm; some unnecessary suffering may result. False sense of security from false positives is a possibility but it is less likely to occur here. At the bottom line, such tests must represent wasting of money and other resources.

WHAT IS WORTH SCREENING

The conditions that are worth screening are those that are common, where there is a cure, and where it is possible to catch the disease early enough. Pap smear for cervical cancer is a good example of a disease that fulfils the criteria for screening.

On the other hand, it is also clear that screening for lung cancer with chest X-ray is not useful. It is often too late when it is found on X-ray. A better screening test for lung cancer is this question, "Do you smoke?" If he or she does, then the person is at risk and should stop to reduce the risk.

WRONG USE OF SCREENING

A story is told of a patient with diabetes who wants to be screened for diabetes. When told by the doctor that what he needs is not screening but treatment, he got angry and made a complaint that the doctor was not helpful. Of course, the patient is wrong and the doctor is right. It is important that such doctors be supported in his or her judgment. It is also crucial that the public is taught what is the real place of screening. It is to pick up asymptomatic disease. Once the disease is diagnosed, what is there to screen?

ABUSE OF SCREENING

What is even more worrying is screening has been considered as a marketing tool to gain clientele. Some companies are considering using screening as an inducement for individuals to join a service or buy a product. It is important that the Ministry of Health sets out clearly the tests that are worth and not screening. Otherwise, the public will fall into the trap of false alarm and false assurance because the wrong tests are chosen in the screening package.

THE LEGAL LIABILITIES

Health screening potentially also has legal liabilities. This area too needs to be explored and defined.

In conclusion then, as we move into the new millennium, the popular subject of health screening should be kept under surveillance, the profession, the public and entrepreneurs share a common message of what is worth screening and what is not. This is an initiative for the Ministry of Health to consider taking the lead role. ■

Amendments to SMA Constitution

I. The following amendments to the SMA Constitution proposed by the 40TH SMA Council which were passed unanimously at the 40th AGM on 9 April 2000 have been approved by the Registrar of Societies in accordance with Section 4 of Article XII which states that "*Any resolution proposing any amendment of the Constitution and Rules of the Association shall be null and void unless at least two-thirds of the members present vote in favour of such resolution.*"

A. STUDENT MEMBERSHIP

Art. III – MEMBERSHIP Section (v)
Student Membership shall be open to all medical students upon application and payment of annual subscription.

Art V – SUBSCRIPTIONS (x) (new)
The Annual Subscription for **Student Members** shall be $20.

Art. VI – PRIVILEGES Section (i)
Honorary and **Student Members** shall be entitled to all the benefits and privileges of Ordinary Members, except that they shall not be eligible to hold office or to vote.

B. APPOINTMENT OF HONORARY ASSISTANT TREASURER

Art. VIII – MANAGEMENT OF THE ASSOCIATION – Section 1
The Association shall be managed by a Council consisting of the President, 1st and 2nd Vice Presidents, Honorary Secretary, Honorary Assistant Secretary, Honorary Treasurer, **Honorary Assistant Treasurer** and nine ordinary Council Members.

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◄ *Page 6 – EQ, IQ & RQ of Doctors*

"The gamble of life is death. Anyway life is like HIV. It is sexually transmitted and the end of life and HIV is death – no doubt about that. But early premature death is a different proposition altogether".

Are doctors businessmen? Some are trying to be and some already are. But that is not what our training prepared us for. Far from it. It seems today that altruism is a bad word – nothing is for free. If you cannot pay, you probably cannot receive. Or to put it more mildly, you will find it harder and harder to receive. What is the bottom line? Is it only financial? Is the call of mammon the overriding call of our lives?

I have not heard of a successful entrepreneur losing money. To succeed means to make money. Surely that is not what health and health care is about. Or is it? Health and wealth are good to have. But if there were one choice, would it be health? Some would disagree.

The "dot.com" fever is abating. It is all about chasing wealth – faster and faster at a younger and younger age. What? Some dot.coms actually lose money but when floated as IPOs, the loss is to the shareholder. The founders have made their big bucks. So if you are considering becoming an entrepreneur, it is most likely that your medical practice will fade away. It will be a tough job being a successful businessman and at the same time, hold a worthwhile practice.

ON RISK QUOTIENT

What then is RQ? It stands for your risk quotient. In a way it is related to the other EQ (Entrepreneurial Quotient). We are being encouraged to take risks – get out from sheltered waters and launch into the deep unknown where perhaps Jaws are waiting. The dictum seems to be - to succeed, you must take risks.

In medicine, we are risk averse for our patients' sake. We cannot guarantee success but we always tell our patients the risks of a procedure, operation, etc. If the risk of complications or mortality is a few percent, how many patients would give their consent? The gamble of life is death. Anyway life is like HIV. It is sexually transmitted and the end of life and HIV is death – no doubt about that. But early premature death is a different proposition altogether.

In the practice of medicine, patient safety and patient's life are paramount – no two ways about it. For any risk of untoward events, the patient's consent is essential. So our principle to do no harm to patients remains sacrosanct. On it the profession stands.

We remain risk averse. Our RQ is low, very low if not zero – for the patient's sake. Even if the patient gave consent to a high-risk procedure, not many of us would agree to do it as our reputations would be at stake. We cannot afford to lose everything – our patient and our reputations. Let us keep it that way. ■

Editor's Note:
A/Prof. Chee based the major part of this article on a speech he gave to new fellows of the Academy of Medicine at the Induction Ceremony in May 2000. The speech was published in the Annuals of the Academy of Medicine July 2000, Vol 29 No.4. The theme of the speech however is relevant to all doctors.

◄ *Page 2 – Amendments to SMA Constitution*

Art. VIII - Section 4
After the election of the Council has been completed, the annual general meeting shall elect the President, the 1st and 2nd Vice Presidents, Honorary Secretary, Honorary Assistant Secretary, Honorary Treasurer and **Honorary Assistant Treasurer** among those elected to the Council.

Art. VIII Section 7
The 1st and 2nd Vice Presidents, Honorary Secretary, Honorary Assistant Secretary may be re-elected year after year to hold office. The Honorary Treasurer and **Honorary Assistant Treasurer** shall be eligible for up to two terms of one year each consecutively.

Art. VIII Section 8
In the event of any casual vacancy arising in respect of the office of President, 1st and 2nd Vice Presidents, Honorary Secretary, Honorary Assistant Secretary, or Honorary Treasurer or **Honorary Assistant Treasurer**, the Council shall at its next meeting or as soon as possible thereafter elect one of its members to fill the vacancy.

Art. IX – POWERS & DUTIES OF THE OFFICERS OF THE ASSOCIATION - Section 6 (new)
The Honorary Assistant Treasurer

(i) The Honorary Assistant Treasurer shall assist the Honorary Treasurer in his duties and responsibilities.
(ii) All duties, powers and responsibilities of the Honorary Treasurer shall, in his absence, devolve upon the Honorary Assistant Treasurer.

C. TO RENUMBER ARTICLE IX SECTION 6 AS ARTICLE IX SECTION 7 – HONORARY EDITOR

D. TO AMEND THE BENEFICIARY UPON DISSOLUTION OF THE ASSOCIATION

Art. XVI – DISSOLUTION - Section 2
In the event of the Association being dissolved as provided above, all debts and liabilities legally incurred on behalf of the Association shall be fully discharged and the remaining funds will be either divided equally amongst the members or transferred to a professional medical body or charitable organisation in **Singapore** as decided by the majority of members at a General Meeting convened for the purpose of dissolving the Association or decided by a postal vote of all the members.

II. **The resolution from a member Dr Jerry Tan to amend Article X of the SMA Constitution which was considered at the 40th SMA AGM on 9 April 2000 has been rejected by the Registrar of Societies in accordance with Section 4 of Article XII. 52 members out of 79 voted for this resolution. (52/79 is 65.82%).**

III. Art. II – OBJECTS & POWERS Section (xv) and Art. XIII PROPERTY & TRUSTEES Section 2 which were passed at the 39th SMA AGM, approved and amended by the Registrar of Societies on 15 February 2000, were endorsed at the 40th SMA AGM on 9 April 2000. ■

Dr WM Yue, Honorary Secretary, 41st SMA Council