SMA 33rd National Medical Convention

"The patient also needs to be educated in what is effective health screening. Certainly, it is important to note that it is not true that more screening is always better."

e are very pleased that Dr Balaji Sadasivan, Minister of State (Health and Environment), has accepted our invitation to be the Guest of Honour at the Public Forum on 27 April 2002 and Prof Tan Chorh Chuan, Director of Medical Services, has accepted our invitation to be the Guest of Honour at the Medical Symposium for doctors on 28 April 2002.

OPPORTUNITY

The National Medical Convention is an opportunity for the Singapore Medical Association to get in touch with the public as well as the medical profession on a key healthcare topic. This year, the focus is on "Effective Health Screening – What You Must Know".

FIVE POINTS

Health screening has been an established activity. There is a need to make sure that it is also done with the goal of effectiveness in both the doctor's and the patient's minds. There are five points to note. The screening must be:

- evidence based;
- based on need rather than provider considerations;
- balanced between benefits and risks;
- part of total healthcare and not an end in itself; and
- relevant to the person's age, gender and family risk factors.

Firstly, there is a need to be evidence based. Not all conditions are worth screening. Screening should be limited to only those conditions where picking them up at an early stage and treating them then will have a better outcome than picking them up at a later stage.

Secondly, the screening needs to be based on need rather than provider

considerations. There is for example, attempts by advertisers to introduce health screening as a freebie for their products or services. It may be providing something that is unnecessary and may even be harmful. This takes me to the next point to consider.

Thirdly, it must be balanced between benefits and risks. One example is colonoscopy. Every colonoscope examination carries a tiny risk of perforation. Also, tests have false positive and false negative results. The false positive results may cause unnecessary worry. The false negative results may cause a false sense of security. Nevertheless, there is a place for colonoscopy screening in selected cases and age groups. How much or how little to screen is therefore an important question to be answered.

Fourthly, screening is part of total healthcare and not an end in itself. Screening is part of the whole strategy of prevention. It is known as secondary prevention, which is picking up the disease before symptoms are present.

Tertiary prevention is preventing complications in a disease which has been diagnosed. Diabetes mellitus is a good example where tertiary prevention is necessary. A yearly check-up of the eyes, kidney, heart and other end organs is necessary to pick up complications to these organs and treat them early.

Primary prevention is preventing the disease from ever arising at all through attention to risk factors. This is the most cost effective of the three types of prevention. For example, attention to smoking is important in preventing lung cancer. The most important screening test to prevent this condition is "Do you smoke?" and if the answer is "Yes", then "Would you consider giving it up?" Just by

stopping smoking will prevent some 60 to 70 percent of lung cancer from occurring. Similarly, attention to exercise, weight control and appropriate food choices are important primary prevention measures to disease -free health.

Finally, health screening needs to be relevant to the person's age, gender and family risk factors. Hence, the decision to screen for diabetes mellitus may be different for different persons.

PATIENT EDUCATION

The patient also needs to be educated in what is effective health screening. Certainly, it is important to note that it is not true that more screening is always better. Patient education is, therefore, very essential. Hence, public education programme is necessary.

CAPABLE AND COMPETENT PEOPLE

A point also needs to be made that screening tests must be done by capable and competent people, be it the doctor who does the test or procedure, the laboratory technician who obtains the results, or the pathologist who interprets the results. Hence, to be effective, health screening is also dependent on capable and competent people.

CONCLUSION

The theme "Effective Health Screening – What You Must Know" chosen for the 33rd SMA National Medical Convention this year is therefore timely and appropriate. On behalf of the 42nd SMA Council, I wish to express our sincere thanks and appreciation to our sponsors for their generous support, our co-organisers and the Organising Committee for their efforts in making this event a success. ■

Prof Low Cheng Hock
President

Dr Lim Teck Beng

42ND SMA COUNCIL

Dr Lim Teck Beng1st Vice President

Dr Wong Chiang Yin 2nd Vice President Dr Yue Wai Mun

Honorary Secretary **Dr Chong Yeh Woei**

Honorary Treasurer

Dr Tham Tat Yean

Honorary Asst Secretary

Dr Tan Sze Wee Honorary Asst Treasurer

Members

Dr Foo Chuan Kit A/Prof Goh Lee Gan Dr Lee Pheng Soon Dr Teoh Tiong Ann Dr Ivor Thevathasan Dr Tan Chue Tin Dr Toh Choon Lai Dr Theodor Wee Tit Gin