

Why Are We Here?

Welcome Address by Dr Wong Chiang Yin,
SMA President

I was elected President of the Singapore Medical Association (SMA) on 9 April 2006. I will begin my induction into this office by quoting from the immortal words of Oliver Cromwell, the victorious Lord Protector of England in the English Civil War.

These are his words to the Long Parliament, which he later disbanded:

“You have sat too long for any good you have been doing. Depart I say, and let us have done with you. In the name of God, go.”



Seated (L-R): Dr Chong Yeh Woei, Mr Khaw Boon Wan, Dr Wong Chiang Yin, Senior Minister Goh Chok Tong, Mrs Goh Chok Tong, Dr Lee Pheng Soon, Dr Vivian Balakrishnan and Dr Toh Choon Lai.

Standing (L-R): Dr Tan Sze Wee, Dr Tan See Leng, Dr Wong Tien Hua, Dr Oh Jen Jen, Dr Soh Wah Ngee, Dr Yue Wai Mun, Dr Lee Yik Voon, Dr Toh Han Chong, Dr Chin Jing Jih, Dr Yeo Sow Nam and Dr Raymond Chua.

Absent: Dr Chiam Yih Hsing John

Indeed, these same words were uttered by Leo Amery to British Prime Minister, Neville Chamberlain, in the early part of World War II as the Chamberlain's pattern of acquiescence and indecisiveness failed to contain Hitler, and it finally led to World War II.

I quote these vitriolic, inauspicious and most unforgiving words to start this current Council off for good reasons. They serve as a constant and harsh reminder to my Council and me that similar fates await us if we fail to have the courage to lead or the humility to serve. Because in the leadership of a very large professional body such as the SMA, there is no mitigation for irrelevance, vacillation and incompetence.

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But I know for a fact that each member of this current Council has asked of himself or herself, “Why am I here?” We all know the answer within our souls. The answer so compels us that we remain, and serve, some for many years, some in spite of very significant personal cost.

This is my twelfth year in the SMA Council. If truth be known, I became a SMA Council member before I even completed my housemanship. I was introduced, actually “dragged into” SMA by a good friend of mine since Secondary School days: Wong Tien Yin, who had joined the SMA Council a year earlier. We pulled in another three more friends into the Council a year later; Goh Jin Hian, Tan Sze Wee and Yue Wai Mun. Together, the five of us started the MO Committee to look into better working conditions for junior doctors. We ran surveys and wrote articles in *SMA News* in 1996. We even had press coverage: a local newspaper reported our survey findings on the front page, drawing attention to the fact that housemen were paid less in hourly rate than fast-food restaurant waiters. In our time, housemen were paid nothing for calls and MOs were paid \$40 for each of the first four calls and \$100 from the fifth onwards.

Today, housemen are paid more than \$100 a call and MOs get more than \$300 for a weekend call. We did not really benefit much from these new call rates because by then most of us had moved on in our careers. But we were young and driven by idealism. Why were we there then in 1996? We were there in 1996 because we *strongly* believed that a junior doctor should be paid a fair wage for a hard day's work.

Back to the present – why are we here? I am sure all my fellow Council members ask it of themselves – perhaps some more frequently

than others. Being in the SMA Council affords you nothing materially – it takes time away from work and family; everything is unpaid; we do not even claim mileage while travelling from home or work to SMA; Council meetings start at 9 pm and end frequently at midnight; GPs have to hire locums to cover their clinics when they are doing SMA work and cannot even claim for this, unlike reservist. Spouses get irritated if not angry, and children complain that they do not see their parents.

At the end of the day, SMA work is volunteer work. We are here for no reason other than we believe the ideals of the Profession are worth fighting for. Doctors need a voice of reason and weight against the barrage of misguided opinions that threatens our values and more importantly, compromises the interests of our patients. And sometimes, we also need SMA to self-admonish when the Profession or even a few doctors fall short of the values we profess to uphold.

STAYING RELEVANT

I now share with you these Chinese words that have been a beacon of truth and light to me in my SMA work all these years; they describe why it is important to remain simple and pure of heart so that one stays on track. The words were spoken by Zhuge Liang, Prime Minister and Military Strategist of the State of Shu in the Three Kingdoms period.

“非淡泊无以明志，
非宁静无以致远”

Translated, it reads: “Only when one is not here to seek glory and wealth can one have great ideals, only by being tranquil at heart can one think and see far ahead.”

We need to have great ideals and see far ahead so that we can stay relevant. Being relevant is the core issue that is always facing SMA. Being relevant is the only reason why SMA exists. During SARS, SMA and the Singapore Nursing Association started a charity fund that became the now famous Courage Fund. We were also the first people to make available N95 masks to GPs. Our membership programmes continue to be well-supported. Our new *Guideline of Fees* continues to empower patients and doctors and in so doing, decrease information asymmetry. The *SMA News* is well-read and continues to voice doctors' concerns.

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To stay relevant not only to the doctors but also to the public, we will once again highlight the social mission of Medicine. We have set up a Social Concerns Committee and for the first time in the history of SMA, we will be adopting a medical-related charity. SMA will run several fund-raising activities to aid this charity and this initiative will be spearheaded by Tan Sze Wee and Goh Jin Hian. This year, we have adopted Club Rainbow*, a charity that deals with support for chronically sick children.

Club Rainbow is an independent charity that is currently helping more than 420 children suffering from a range of chronic and life-threatening illnesses. These include Thalassaemia Major, Biliary Atresia, Congenital Heart Diseases, Spina Bifida and premature babies with serious complications such as visual and hearing impairment, chronic lung problems and developmental delay.

Formed 14 years ago, Club Rainbow provides a range of free services for these children and their families such as counselling and emotional support, tuition, social activities which provide opportunities for the Rainbow Children and their families to bond and financial assistance to those in need.

The SMA has chosen to adopt Club Rainbow because we feel there is much synergy between our two organisations. On your table this evening, there is a brochure about Club Rainbow. I urge all of you to read it and think of how you can help the less fortunate by either making a donation or signing up as a volunteer. In our forthcoming issues of *SMA News*, we will outline some of the initiatives the SMA will be working on to support this worthy charity. As doctors, I have no doubt that all of us already understand and empathise with the pain and suffering these children and their families go through everyday of their lives and I do not have to elaborate further. I know I can count on you to give your strong support for Club Rainbow.

BETTER MEDICAL CARE FOR SINGAPOREANS

I will now take some time to talk about some of the issues facing healthcare in Singapore today. The Ministry of Health has wisely come up with three issues of concern recently. They are:

1. The need to right-site care;
2. The need to look out for the needs of the middle class; and

3. The use of Medisave for outpatient treatment of chronic diseases.

The need to right-site care is probably the most challenging. To achieve right site-ting of care, we must either limit choice of care to the patients or get the price-point relativities of our services right. A means test does not look too probable in the near future, so to right-site care, we need to adjust price-point relativities. The current price-relativities between GP clinics, subsidised specialist outpatient clinics and polyclinics have to be re-examined. Only when price relativities are correctly set can right site-ting of care occur without a means test.

The Minister for Health has recently said that the middle class needs should be looked into. SMA cannot agree more. There is little differentiation between B2 and C nowadays and the middle class may find B1 too expensive. There may be a need to reposition B2 to better cater to the middle class.

On the third point of Medisave being made available for outpatient services, this is an important paradigm shift which I had alluded to in my column in the *SMA News* as it highlights the importance of patient participation to achieve good chronic disease management. The SMA supports this. But this alone will not lead to right site-ting of care. SMA can help to put in place simple-to-administer disease management programmes that patients and GPs can participate in.

Whether it is right site-ting, middle class squeeze or Medisave for outpatient management of chronic diseases, SMA will do its best to help and we will, where possible, give leadership and support to these worthwhile causes so that doctors can give and Singaporeans can receive better medical care.

Finally, we will continue to be relevant and we will continue to uphold the sacred values of the Profession. It is so that we can continue to attract the right people with the right values of courage, reason and integrity into our ranks. At the end of the day, we know the answer to the question of “Why are we here?” The answer is that we are always here to uphold the ideals and values of the Profession and the best interests of the patient.

The spirit of Medicine will not perish and we will not go quietly into the night.

Thank you and have a great evening. ■

**Please also see Page 12 for Club Rainbow’s write-up.*