

NEWSLETTER

A PUBLICATION OF THE SINGAPORE MEDICAL ASSOCIATION

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The Association Congratulates

- 1) Mr. Tham Cheok Fai, F.R.C.S. - on his appointment to Consultant Neurosurgeon (Grade G.)
- 2) Mr. E. H. Goh, F.R.C.S.E., F.R.A.C.S. on his appointment to Consultant (Grade G) in E.N.T.
- 3) Mr. T. A. Sinathuray F.R.C.S., M.R.C.O.G. - Consultant (Grade G) - Obstetrics & Gynaecology.
- 4) Dr. Yvonne Salmon M.R.C.O.G.
- 5) Dr. Eric Goonetilleke F.F.A.R.C.S. Consultant Anaesthetist (Grade G.)

Life Assurance for Doctors

The S.M.A. has formed an Insurance Committee the object of which is to negotiate with the local life insurance companies with a view to obtaining the best terms on which life insurance could be offered to its members.

Doctors in Politics



Mr. C. S. YEOH

In the last six months, two former professors have gone into politics.

Prof. E. S. Montiero, former professor of medicine, was appointed as ambassador

to Cambodia.

Mr. C. S. Yeoh, former professor of Surgery, was recently elected as M. P. representing Joo Chiat.

PEOPLE'S DEFENCE FORCE

Questionnaire Result

The S.M.A. sent out questionnaires, with a stamped addressed envelope, to each member of the Association, in an attempt to assess the opinion of the doctors, in relation to the People's Defence Force, voluntary medical service.

A total of 66 replies had been received. This is approximately 10% of the membership.

37 replies were not in favour of the scheme.

29 replies were in favour, but 15 of these, would only be prepared to give voluntary service provided they could do so in their own clinics and during office hours.

The remaining 14 supports the scheme with no conditions.

The consensus of opinion of the Society of General Practice was that they were prepared to give free service for consultations in their own clinics. This service should be confined to members of the Defence Force and not their families, and would be during office hours only.

The majority of the negative replies were from members in the public sector and from members advanced in years.

The ad hoc subcommittee

In July this year, your association has, through its Insurance Committee concluded an agreement with a local life insurance company, the Great Eastern Life Assurance Company Limited establishing an Insurance Scheme whereby:—

(a) members who take up life policies under the Scheme will enjoy privilege of special reduced rates;

and

(b) the Association will benefit from the receipt of a large part of the commission payments that normally go to the sales agent of the

insurance company.

Please contact Dr. C. Wilson or any member of S.M.A. Council if you wish to obtain advice on this matter.

Below is an article from an Insurance Company, giving an outline of the Life Assurance.

In today's modern world, planning plays a very important part in our everyday life. Today, it could be said almost without exception of every human achievement that it is the result of a plan consciously pursued and diligently carried out. There was a time when life was full of uncertainties. A man worked today and did not know what was in store for him the next day. He obtained a wage and after paying for the necessary household expenditure for the day, he managed to save a little and put it aside for a rainy day. This little savings then was all the family had to fall back on if anything untoward should befall the breadwinner of the family. Today, men's entire outlook on life has changed. With planning we can make our future and our children's future what we want them to be.

Very often we find a man takes up a life policy because he wants to give his family insurance protection. But is that all life assurance can do? With life assurance a man can ensure:—

(1) that his children will have enough to carry them through their university education that he wanted for them when the time comes irrespective of what his circumstances might be at the time or what might have happened to him before then;

(2) that, if he should die, his family will have enough to live on their own without having to depend on the charity of relatives and friends.

Doctors & Dispensing

There has been a lot of heated arguments about dispensing of drugs. The S.M.A. council felt that the matter should be discussed amicably between the S.M.A. & The Pharmaceutical Association, without undue publicity.

The following article is by a member of the S. M. A. Council who summarised the present position in this matter.

In the science and art of healing of the sick and the prevention of disease, the doctor is responsible for the care and welfare of the sick person. In this capacity he directs whatever measures he considers necessary to bring about the relief of illness, its prevention and the rehabilitation of the incapacitated.

The administration of drugs, among other procedures, remains the chief weapon of the physician in his fight against diseases and his right to administer drugs in the pursuit of his profession has never been questioned.

The drugs administered by the doctor are sometimes very potent and dangerous, their indiscriminate use can cause serious ill effects and may lead to death or permanent incapacity. In order to protect the public certain substances, used as drugs, have been legally labelled as poisons and its administration restricted to those persons, who have the skill and knowledge of their use. In the Republic of Singapore the Poison Ordinance (Cap. 146) prohibits the sale, dispensing or administration of these substances except by a duly qualified medical practitioner, a registered dental practitioner, veterinary surgeon for the purposes of medical, dental or animal treatment as the case may be (Section 7, (1) (a), (b), (c).)

A pharmacist, on obtaining a licence, may import, store and deal generally, in poisons within the restrictions imposed by the same Ordinance. Certain poisons (Third Schedule) can only

be sold or dispensed by a pharmacist on a prescription of a medical practitioner.

Nothing in the Ordinance prohibits a medical practitioner from dispensing medicine to his patients or have it dispensed by a person under his direct supervision (Section 7, (4).)

The spirit and essence of the Ordinance is to protect the public from the indiscriminate use of poisons and to restrict its use to certain persons and to control the handling and traffic of these substances. It is not concerned with the rights of the persons who are permitted to use poisons in the exercise of their profession.

There are no professional, moral or ethical considerations involved when a doctor dispenses medicine to his patients.

Within a hospital organisation, where many specialist skills of medical and para-medical personnel are co-ordinated towards patient care, it is the practice for the pharmacist to prepare and dispense medication for the whole organisation. This arrangement has an additional administrative advantage, in that it controls drug expenditure, the highest after personal emoluments, in a costly organisation.

It is therefore a matter of expediency to have pharmacists for central control of drug standards, and to effect bulk buying and mass preparation to cut down costs. This same principle operates in medical care programmes, whether sponsored by the state, voluntary organisation or private insurance for the question of costs will determine the standard and amount of medical benefits, as the expenditure of these services are underwritten by the sponsoring body. It is necessary that the standards of professional services, professional fees, drugs prices are fixed before these systems can operate satisfactorily.

In this context, it is interesting to note the dispensing of medicine to patients is not the monopoly of the pharmacist in the National Health Service of the United Kingdom—the dispensing doctor is part of the service and in certain circumstances, he may be required to do so. (Rule 59).

In the state-sponsored Out-Door Dispensary Service in Singapore the drugs manufactured by the Government Medical Store is dispensed with the minimum supervision doctors and pharmacists by dispensing assistants, hospital assistants and nurses and none at all in the travelling dispensaries. This is, again a matter of expediency, in circumstances where a modicum of medical care can be extended to the whole island.

The demands of the society, of which we form part and whom we serve, will determine the type and form of medical care that will develop in the future of Singapore. Dr. Gwee Ah Leng in the Editorial of the S.M.J. states "It remains to be seen if the pharmacists can convince the public that they should have the monopoly of the right to dispense, and that the extra financial burden is justified and acceptable to the public at large."

PROFESSOR MEKIE BACK

Prof. D. E. C. Meckie, O. B. E., F. R. C. P. E., F. R. C. S. E., professor emeritus of Surgery, University of Malaya, visited Singapore, on his way to Hong Kong, as examiner in the F. R. C. S. Primary examination.

He stayed for one week, and 10/12/66, delivered a lecture on "Trends in Post Graduate Medical Education", at the Allen lecture theatre.

After he retired from the position of Professor of Surgery, in Singapore, he took up the appointment as Director of Studies, of the Post Graduate Board of Medicine, in Edinburgh.

He has always made Singaporeans welcome in Edinburgh, and was pleased to lend a helping hand in their studies in Edinburgh.

A READER WRITES - - - - -

Sir

It was reported in the October issue of "Medical Newsletter" that the SMA Council had decided that "it is undesirable to indicate the speciality of one's practice immediately below one's name and qualifications", but "however, clinics indicating specialities with sign-boards are permitted to do so provided the practitioner does not treat patients for complaints outside that speciality. It indicates the clinic's limited practice and is not considered an advertisement".

It would seem to me that it would be more modest and proper to indicate one's speciality immediately under one's name and qualifications, and this is the practice elsewhere in the Commonwealth. I have not seen any specialist in the U.K. or Australia indicate his speciality by means of a sign-board, which it must be admitted, is designed to attract attention, unlike a limited (by our ethical code) sign-plate. I would be interested to learn what reasons the S.M.A. Council have for their conclusion that indicating one's speciality in small letters on a sign-plate is unethical and constitutes advertising whereas putting it up in huge letters on a sign-board would not be so.

E. H. Goh
Singapore.

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Medical ethics governs the behaviour of the doctor as an individual, and as far as advertisement goes, the Ethical Code of the Singapore Medical Association clearly indicates that it is undesirable to indicate the specialty e.g. psychiatrist, surgeon, insofar as it pertains to the individual. Admittedly in countries like New Zealand, Australia, South Africa, to name but a few, a contrary view is held, but on the other hand, these countries have either specialist registers, or a different type of practice in that it is exceptional for a specialist to encroach on to general practice, and also a different provision in the ethical code.

Signboards, however, are indicators of the business premises which need not belong to the doctor, and in any case being not an individual, do not come under an ethical code meant for doctors as individuals. Besides, it would be impractical to prohibit a signboard only when the doctor owns the premises, because it would be easily avoided by the transfer of ownership such as to the wife, the son, or a non-medical person. Obviously, if signboards are to be controlled, the control must be through other channels.

This would make it clear that in the present S.M.A. Council ruling, the advice against the name plate is based on the ethical code, whereas the opinion regarding signboards is the recognition of the fact that such displays are outside the preview of present medical ethics. Unless a revision in the same form is made, the apparent contradiction cannot be avoided.

DR. GWEE AH LENG
Chairman,
Ethics Committee

(Continued from page 1)

LIFE ASSURANCE

To a family man, planning for retirement means planning for the needs of two persons, himself and his wife, when he retires from work and she, retires from housework and child care. A well planned and well provided for retirement is what everybody looks forward to. With a life policy maturing at the retirement age, one is assured of the money to enable one to carry out one's retirement plan, but even if one should fail to live to the retirement age, this policy will ensure that the wife will not be deprived of the enjoyment of what to her, too, is a well earned retirement, a retirement from long years of housework and child care.

As a means of saving, life assurance has many advantages over the other conventional forms of saving. Apart from the obvious advantage of life assurance, there are the following:—

- (1) Savings under a life policy are compulsory savings;
- (2) As everyone knows, life assurance premiums are eligible deductions in the assessment for income tax. This advantage is given to no other forms of savings plan.

Life assurance takes many different forms. There are the Family Income assurance, the Reducing Term Assurance, the Anticipated Endowment Assurance and many other special purposes assurances, all of which are designed to meet the various needs of men. Here where the contingencies of life and death are involved and the satisfaction of our needs depend on them, life assurance has proved to be the perfect vehicle to meet those needs.

In vomiting of early pregnancy

"The antihistamines have been used for a sufficiently long period to justify reassuring patients that they will not damage the baby

"Perhaps the most popular drug is promethazine theoclate ('Avomine'), each tablet being of 25 mg."

Practitioner, 192, 229, 1964.

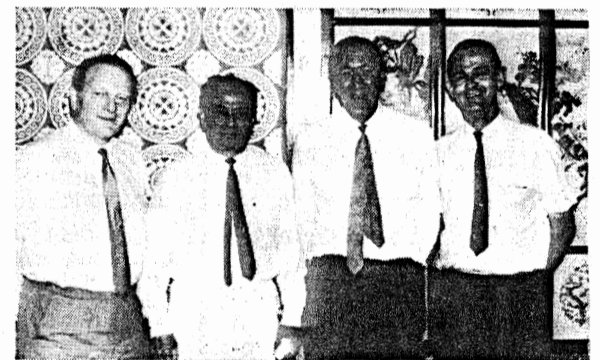


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PICTORIAL REVIEW — B.M.A. OFFICIALS



S. M. A. president, Dr. C. Marcus, entertained officials of the B. M. A. at a luncheon, at the Imperial Room. (Left to right) Dr. R. Gibson, Chairman of the council of the B. M. A., Dr. C. Marcus, Dr. D. Stevenson, secretary, of the B. M. A., Dr. E. Leonard, Hon. secretary of the S. M. A.,



B. M. A., and S. M. A. council members enjoying the delicious food and jokes, at the luncheon given by Dr. C. Marcus. (Left to right) Dr. R. Gibson (B.M.A.) Mr. George Wong (council member S.M.A.) Mr. C. S. Yeoh, M. P.

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