



# Raising Awareness

## *Responsibly*

Text by Dr Tan Yia Swam

A big thank you to Members who attended the SMA Annual General Meeting (AGM) on 24 April 2022, and for the unanimous support in my third (and final) year as President (see page 10 for AGM report). It has been a tumultuous two years, and I hope that this year sees us in calmer waters.

### Efforts for the profession

Looking back at the past year, we have had multiple projects and outreach efforts (do read about them in previous issues of *SMA News* and our latest annual report). Broadly speaking, these SMA projects aim to provide support not only for our Members, but also for our medical community, especially during COVID-19. When doctors are well looked after, that leaves us better able to look after patients, without worry.

Let me sum up the three key areas:

#### 1. The private sector

A robust private sector will complement a busy restructured service. SMA's representation in the Multilateral Healthcare Insurance Committee offers a perspective of the challenges doctors face in the private sector. The Committee's work is ongoing, so as to address as many of these problems as possible and achieve an equitable healthcare system. We are aware of the various tensions and

the need for fair utilisation of taxpayers' money in subsidised care, fair use of private facilities, and fair reimbursement for appropriate work done. COVID-19 has taught everyone that healthcare resources are precious and limited – there must be right-siting of care.

#### 2. Doctors in training (DIT)

Most people would have read of the recent news articles featuring the struggles of our young DIT. What many may not know is that SMA has a DIT committee who has been working hard to address these issues for more than a decade – the issues are complex and there is no one-size-fits-all solution – through building good networks and relationships with other stakeholders. In recent months, their work has culminated in a series of effective engagements with Senior Minister of State Dr Koh Poh Koon, and representatives from the Ministry of Health (MOH) and MOH Holdings. They will continue to work closely with relevant authorities in the months ahead to effect changes.

I spoke in Parliament of the harassment faced by healthcare workers (HCW).<sup>1,2</sup> My wish is that the discussions will lead to better support against harassment and bullying, and provide long-term solutions for a meaningful career in healthcare – not just for DIT, but for all HCW.

#### 3. Being a bridge

Concurrent with my Nominated Member of Parliament role – which will also end next year – I wish to show everyone what the SMA is about: that we can be a bridge for doctors and patients, for doctors and the government. As individual practitioners, we keep our eyes and minds on the patient in front of us. Top healthcare leadership in turn looks at the big picture. That is why there seems to be discrepancies between policy and real-life application sometimes; and precisely why the SMA is essential – to bring the ground's feedback and concerns to MOH and other authorities. SMA has always been doing that, but alas, much of our work is unspoken of, or unpublicised.

#### Doctors and social media

I have been asking in my columns: who reads print nowadays? (I am rather disturbed that I get very few comments/feedback on my writing; perhaps only the editorial team reads these?) Someone teach me how to get onto social media. I need more views!

This issue of *SMA News* casts a spotlight on social media: I am sure everyone is aware of Elon Musk's ongoing acquisition of Twitter. I do not use it much, but I have read about the postulated implications and downstream effects.<sup>3,4</sup>

We have to be mindful of how we could be manipulated by what we are exposed to. We often talk about how kids are exposed to violence or R-rated imagery in shows and games; how about ourselves? We assume that as adults, we should be more discerning, but just think back over the past two years of confusion, the rapid changes, and the different types of reporting and media we were exposed to: doctored images; catchy WhatsApp messages that were so believable and so easily passed on; and the arresting headlines with stories that tug at the heartstrings. The many comments by various online personas – some with such provocative content that one gets spurred into an emotional response. I list a few examples here (but for your own sake, **do not Google for them!**): videos of COVID-19 creating zombies, and government officials shooting the infected in the streets; that vaccines are an alien/billionaire's conspiracy to control the human population; that xxx is a miracle cure for COVID-19 that the "government" is suppressing; and that slur on GPs, which we addressed in a joint letter with the College of Family Physicians Singapore.<sup>5</sup>

What is real and what is not real? What is a fact, and how do we interpret the facts?

Traditionally, reporting took a lot more work. There were many layers of checks with various people involved in the heavy responsibilities of getting an article ready, including the writer/journalist, the editorial board, the editor-in-chief, the photographer, and multiple checks in layout, etc. There is a physical limitation in the speed and quantum of publication, printing and distribution. Recall those movie moments of a young boy waving a rolled-up newspaper shouting, "Hot off the press!"

Yet these days, with social media, **anyone** can be a one-man publication house. Any random opinion can be sent out with a click and amplified within seconds. Voice-to-text, text predictions and autocorrect functions ease the writing process. Choosing fonts and layouts, you can pre-plan content to be

published at fixed intervals. Smartphone camera quality allows near-professional level of photography and videography, and there are numerous blogs on simple camera tricks and editing tips. Add in evocative captions and how easy it is to sway people – cats, food, travel, babies and tasteful nude photos – all to get the likes. One could even pay social media companies to get more likes. Social media platforms have artificial intelligence algorithms, to push even more related content to users.

### Pros and cons

There are massive benefits, and risks as well. Benefits include a cheap and rapid way to raise awareness and outreach. This is especially useful for fundraising activities (for example, the happy outcome for Devdan),<sup>6</sup> and to dispatch news of current events (as seen in cases of school shootings or the ongoing war in Ukraine). For daily lives, we get to do virtual shopping, price comparisons and reviews easily from the comfort of our homes. Even better, the algorithms may introduce me to a brand that I have never even heard of, so that I have more choices! But I guess I betray my age when I say that I still like to head out and view items physically before purchase.

Risks include the problems of biased reporting, and not being able to distinguish truth from half-truths or outright lies. Reviews can be faked by getting friends/paid accounts to give five-star reviews. Conversely, for trolls to give one-star reviews just to thrash a company.<sup>7</sup> Ultimately, each and every one of us just has to learn to be discerning, and to exercise critical thinking! Not everything we see online is true; and the real, human connections are what matter in the long run. For those of us spiritually inclined, the personal accountability to our conscience and our god is the ultimate judgement.

Oof. Getting too heavy and serious. The *SMA News* editorial board has invited a series of good articles from colleagues, who share their experiences on social media. I have shared a few simple tips

last April as well.<sup>8</sup> Enjoy reading, and do write in to us at [sma@sma.org.sg](mailto:sma@sma.org.sg) to share **your** tips on how SMA can be more effective in social media outreach! ♦

### References

1. Committee of Supply 2022 debate, Day 6: Tan Yia Swam on protecting healthcare workers from abuse. CNA [Internet]. 9 March 2022. Available at: <https://bit.ly/3LplrWt>.
2. Ang M. NMP who received death threat as junior doctor calls for better protection for healthcare workers. Mothership [Internet]. 9 March 2022. Available at: <https://bit.ly/3NkzbCH>.
3. Page C. It's not rocket science: Why Elon Musk's Twitter takeover could be bad for privacy. TechCrunch+ [Internet]. 26 April 2022. Available at: <https://tcrn.ch/3yHQVUq>.
4. Ng B. Explainer: Why has Elon Musk bought Twitter and what are the implications for the social media giant? today [Internet]. 26 April 2022. Available at: <https://bit.ly/3NjiPu6>.
5. Tan TL, Lim R. Forum: GPs play critical role in the public health system. The Straits Times [Internet]. 25 May 2021. Available at: <https://bit.ly/3PmdF2p>.
6. Tan T, Chua N. 'It's a miracle': Boy treated with \$3m drug donated by public can now walk with support. The Straits Times [Internet]. 19 January 2022. Available at: <https://bit.ly/3woa51d>.
7. Varga G. Fake Reviews: How to Fight Them and Protect Your Brand. In: Modern Restaurant Management. Available at: <https://bit.ly/3PriRlu>. Accessed 10 May 2022.
8. Tan YS. Social Media: Tips on the Dos and Don'ts. *SMA News* April 2021. Available at: <https://bit.ly/5304-ES>.

Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice in mid-2019, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

