



# President's Welcome Address

By A/Prof Chin Jing Jih

Our Guest of Honour, Minister for Health Mr Gan Kim Yong; Dr Lim Wee Kiak, Member of Parliament for Nee Soon Group Representation Constituency; Mr Anthony Tan, Deputy Secretary (Policy), Ministry of Health (MOH); Honorary Members; past Presidents; guests; teachers; colleagues; and friends.

First of all, please let me bid you a warm welcome to the SMA Annual Dinner. I would also like to thank Minister Gan for once again gracing this occasion. I assure

you, Minister, that this year's dinner will be a relaxing and enjoyable affair in the warm company of our doctors. While we do not have the famous karaoke of the Alumni, we are confident that you will find your conversations here tonight with our doctors not only interesting, but more importantly, authentic. This is especially after a few rounds of spiritual infusions. But seriously, most of us are earnestly grateful not just for your presence this evening, but for the collaborative, sensible and inclusive leadership style that

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you and your Permanent Secretary Mrs Tan Ching Yee have shown since coming on board to lead the healthcare sector. We are extremely happy that you have chosen to spend your Saturday evening chilling out with us.

Many challenging evolutions have taken place in our healthcare landscape since our last SMA dinner, which was exactly one year plus one day ago. Doctors in Singapore are facing an increasingly tough practice environment with pressures coming from different fronts – elderly patients' complex medical illnesses, rising patient expectations, issues related to affordability and sustainability of medical services, and a foreboding medico-legal landscape.

One of the key responses of the SMA Council in the last few years, and in this coming year, is to work closely with our fellow professional bodies, the Academy of Medicine, Singapore and the College of Family Physicians Singapore, to equip our doctors for the challenges and to facilitate an environment conducive to good clinical practice. As I mentioned in my speech last year, and which I unapologetically repeat here tonight, few doctors can be effective healers if conditions to practice are unjustly harsh and hostile. As the voice of the profession, SMA advocates peacefully and sensibly for working environment and social conditions that are reasonable and fair, so that doctors can devote their fullest attention and energy on treating patients. This stable professional environment is also important in continuing to attract some of the best minds and hearts of our society into the medical profession.

But don't get me wrong. SMA will never become a union, at least not during my term as President. As I have explained previously, a union carries the connotation of advocating and protecting its members, regardless of whether the decisions are for the common good of society. SMA's primary mission, on the other hand, is to benefit our patients through helping our doctors. And as far as protecting public interest against errant and misbehaving doctors, the Singapore Medical Council (SMC) is certainly not alone in taking them to task. The SMA Council too believes that the recalcitrant black sheep among us, whose practice erodes public trust, should be given due reprimand, though we believe that there is a place for a more corrective approach to those who are either just ignorant or have a genuine desire to reform.

I need to caution against an overly simplistic view that regulation and litigation is the convenient universal remedy or cure-all solution to all these problems. While there is no denying that the law is an effective deterrent against misdeeds, an appropriate threshold for regulation and litigation is crucial in a caring profession such as Medicine. Failure to titrate and regulate at an appropriate threshold can produce unintended but no less undesirable

consequences that act against the best interests of patients and society. Outcomes in Medicine are probabilistic, and if we too easily subject doctors to a disciplinary tribunal or civil litigation each time the family is unable to accept a negative outcome, there can be predictable consequences on the doctors' mindset and practice.

Firstly, it is only natural that many doctors will become more concerned with the legal requirements, which tends to be pitched at minimum standards rather than best practices. This can lead to a decline in the standard of medical practice, as standard of care meanders inevitably towards minimum standards set by the law, with little impetus for better care, quality healthcare and research.

What is even more damaging is the practice of defensive

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Medicine, where doctors will order more tests and offer more treatment purely for the sake of managing their own legal and regulatory risks. Often masked as thorough Medicine, defensive Medicine not only increases healthcare cost unnecessarily, but it also leads to inappropriate medical risks from the “extra” procedures ordered as a means to counter medical uncertainty.

In the practice of Geriatrics, there is a cause for frequent falls labelled as “fear of falling”. This happens when a senior, either because he witnesses a fall, had a near-fall or actually fell. Postevent, he will be so fearful of falling that he either stops walking completely, or he will overcompensate for that fear when he walks, and as a result, he falls. Similarly, some doctors can become so anxious about the strong arm of regulations, disciplinary proceedings and medical litigation that they lead a miserable professional life, fearing that anything and everything they do may infringe the law. Can anyone be a good doctor under such a dark cloud? Are we surprised if the worried doctor starts to practise defensive Medicine and ironically, gets into trouble for it?

As a society and profession, we need to recognise the hidden opportunity cost and indirect healthcare cost of enforcing regulations and auditing compliance, especially

when it is done in a large scale. From time to time, such activities may be justified, but the methodology needs to be nimble and the scope reasonable, in order to avoid a situation where instead of treating patients, numerous doctors are spending hours and maybe even days, preparing records for an official inspection or audit. Some clinics with paper records have to even close their clinics to prepare for audits. SMA would gladly volunteer to mediate and provide valuable feedback from senior doctors before initiating these audits to help improve the efficiency and reduce cost of the process.

I believe that in Singapore, an overwhelming majority of medical practitioners are simple, law-abiding doctors who try their very best to stay on the right side of ethical and regulatory boundaries. All we want is to be able to earn an honest living while enjoying the satisfaction of curing and caring for patients. Instead of legalism, which emphasises strict regulatory compliance and litigation, medical professionalism offers a more effective model in building public trust and goodwill currency in the long run. Such an approach invests in developing ethical competency and professionalism among practitioners, and this goes beyond excellent diagnostic and therapeutic skills, and should include good communication skills, empathy and an ability to negotiate and modify the behaviour of patients. In a field of practice wrought with uncertainty, a system advocating a higher ethical standard is more effective in securing the best practice of the doctors.

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These, my fellow doctors, are not conjectures, and have been seen in First World countries where the standard of care is dictated more by lawyers and lay jurors than by the medical profession. This is not where we want or should be going. But if we are to convince the lawmakers and public that maintaining self-regulation as the preferred model in setting and enforcing professional standards, we will need to build competency among our doctors who sit in judgement of their peers. This is necessary to enhance the

quality of the processes in our disciplinary investigations and hearings, so that justice is not only done, but shown to be done. Through our Centre for Medical Ethics & Professionalism (CMEP) Board's efforts, we have been able to organise a well-attended course on professional accountability and professional misconduct (see *SMA News* January 2013, or <http://goo.gl/S4VPX>), which we hope will provide a list of doctors who are competent in helping SMC's Complaints Committee and Disciplinary Tribunal. We extended the course pro bono to members of the SMC Secretariat, and it is my sincere hope that SMC will seriously consider inviting these trained doctors to sit in judgement of their peers, which will give the proceedings some degree of objective credibility.

For those who are unfamiliar with CMEP, here's some history and information. It was first mooted in 1998 by then SMA President Prof Cheong Pak Yean and the founding Executive Director Prof T Thirumoorthy, in response to training needs faced by the profession in ethics, health law and professionalism. With the strong support of SMA Councils over the last decade since its official inception in the year 2000, it has served members through ethics consultations, published ethical advisories and positions in *SMA News*, and numerous seminars and workshops covering topics ranging from death certification to medical confidentiality, to "mediation for dispute resolution" and communication seminars in collaboration with Medical Protection Society.

Significantly, CMEP is also responsible for organising the advanced specialty trainees' exit course on ethics, health law and professionalism. Credit must go to our Director for Medical Services (DMS), Prof K Satku for his support as Chairperson of Specialist Accreditation Board in making this course a mandatory requirement for exit certification of all specialist trainees and lately, residents and Family Medicine trainees. In the last seven years since the course began in 2006, we have trained a total of 1,518 trainees. Over the years, the feedback collected after each course has been very positive, with more than 90% of the attendees from the past five runs reporting that they have found the course useful and relevant to their work.

Looking forward, CMEP will continue to be a pillar in the efforts of SMA to promote continuous education and academic training. There are several projects in the pipeline, one of which is a collaboration with the Gleneagles Hospital, to hold a seminar on informed consent sometime in July this year. I would like to take this opportunity to thank all doctors, lawyers, CMEP Board Members and SMA pioneers who have unselfishly contributed their time and effort over the years to this worthy and essential endeavour.

As this year is the tenth anniversary of the SARS outbreak in Singapore, SMA will be organising a commemorative event on the 31st of this month (May 2013) at the College of Medicine Building (COMB) auditorium. The programme is focused on a revisit of the important lessons learned from the outbreak. The Guest of Honour is our Minister Gan, and the keynote address will be presented by Prof Tan Chorh Chuan, President of National University of Singapore, who was the DMS during the outbreak. There are many lessons from SARS, but I will mention just one today. To me, one of the key revelations of the SARS outbreak in 2003 is the simple reminder that because viruses respect no administrative or bureaucratic boundaries, and make no distinction between private and public practices, or whether generalist or specialist healthcare facilities, the term "public health" has to be an inclusive concept when it comes to battling a national outbreak. While the focus may be containment and treatment in Tan Tock Seng Hospital and Communicable Disease Centre, it is clear from our experience that any effective strategy to battle the outbreak has to include primary care and private practitioners, who stood their ground and played a critical

everyone present tonight to please find time to join us at 5 pm in COMB to learn from this SARS commemorative event on 31 May.

On the charity front, SMA has finally set up its own SMA Charity Fund in order to help ensure that no worthy student is denied a medical education because of affordability. We also hope that the project will be able to encourage philanthropy and volunteerism, which are values consistent with the core of Medicine as a giving profession. I will let Prof Wong Tien Yin, our 2nd Vice President who chairs the Board of the SMA Charity Fund, provide you with further details later this evening. I hope that, with or without the help of ethanol, you will be more relaxed and frontally released, and allow Tien Yin's appeals for donation full access to your central nervous system receptors for generosity and philanthropy.

I will also like to take this opportunity to thank those who have contributed their expertise, time and energy generously and beyond their call of duty to the various projects and causes in SMA. Firstly, I would like to say a big thank you to Ms Nalini Naidu from Integrated Marketing Solutions Group for her help over many years of managing

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front-line role in screening suspicious febrile patients in the community, while providing the necessary continuity of care for patients who chose to stay away from hospitals and specialty centres.

At one point during the outbreak, to relieve the shortage of masks among primary care and GP clinics, MOH, SMA and Singapore General Hospital worked together and made available N95 masks to help GP clinics tide over the interim period until new supplies arrived. With that, GPs enabled the nation to overcome the SARS outbreak. This was a moving example of how a simple collaboration between MOH, the public and private sectors, through an inclusive and collaborative public health approach, were able to overcome what appeared at one stage to be an impossible mission. But we honestly should not have to wait for a national outbreak before we are reminded of the need to be inclusive. So it is my earnest call for us to set aside our individual cynicism and do our part in supporting MOH in projects such as Family Medicine Clinics, Community Health Centres and Regional Health Systems, that will hopefully provide another opportunity for public-private partnership for the good of Singapore. I urge

our corporate communications needs and in watching over us, acting as SMA's aunt agony in corp comms matters. Special thanks also go to our panel of legal advisors for providing valuable and excellent legal advice, pro bono. To our many volunteers, whether in standing or ad hoc committees, faculty members in our many educational activities, I want to say a big thank you, and also "more good years". These wonderful volunteers ensure that SMA is able to continue its efforts to equip our members and doctors, to continue its advocacy for professionalism and good doctor-patient relationships, while remaining viable and affordable on the current fees.

Since tonight we are honouring two of our iconic clinician teachers with the SMA Honorary Membership, I thought it is worth mentioning here that the medical profession is unique in our overt and frequent acknowledgement of our teachers and mentors, and in our expression of gratitude for them. Many of us will not be where we are today, if not for the hard work and generosity of our teachers. It is my belief that no one is born a star clinician, and we owe most of our skills and values to our teachers who patiently guided and transformed us from a group

of “blur” and ignorant laypersons to the professional and competent doctors we are today. As doctors, we must never forget who our teachers are, and what they have done for us. And we all know that a doctor may receive numerous accolades and awards in his or her career, but none more satisfying and validating than recognition and salutation from his fellow doctors and students. So tonight, on behalf of the medical profession, SMA confers its highest honours on two of our most respected teachers, who are also excellent clinicians in their own rights. In today’s Ministry of Education vocabulary, they would have easily made “Master Teachers”. These two teachers are true role models whose exemplary professional values, legendary work ethics and genuine care for their students and trainees continue till their hair has turned white. So in a very short while, you will hear the citation of Prof Low Cheng Hock and Emeritus Prof Robert Pho read to us by their students and trainees whom they have mentored years ago, which should give you a closer glimpse into their inspiring careers. My heartiest congratulations to these two role models.

If being a doctor these days is not easy, being a leader is even more difficult. A few days ago, I received a letter signed by two senior clinicians, accusing me ferociously of serious lapses in my professional conduct and leadership as SMA President. Many friends and colleagues inside and outside of the SMA Council who were on the cc list of this letter called me to express their concerns and disquiet. Well, maybe it is my age, but I was generally quite zen about the whole thing. I was neither angry nor upset, just went on to do some soul-searching myself. That night, I slept well, as I felt that my conscience was clear.

At a recent leadership course I attended, Prof Dean Williams from the Kennedy School of Government in Harvard University stressed to us that “real leaders”, as opposed to “counterfeit leaders”, do real work. What is “real work”? Real work, to him, is work that tackles tough problems, involves facing hard truths, produces genuine progress, solves challenging and complex problems constructively, orchestrates opportunities for learning and facilitates the pursuit of insight and wisdom. When I eventually step down as SMA President, I would like my term of office to be judged by the real work that my fellow council members and I have done. I do not intend therefore to respond immediately against the accusations; the truth is also that I do not have room for such distractions. I believe as today’s doctors, we need to focus on the real work, supporting the Government and Minister Gan’s efforts to manage the healthcare challenges in Singapore. We need to make better use of our resources, and devote our energy and time to solve the real healthcare problems in Singapore. And at the end of my term, I will let the real impact and positive difference made under my leadership in the lives of our patients, our doctors and in Singapore’s healthcare be the true judge of whether these accusations can or cannot stand.

I am mindful that I should not end this speech on a sombre mood. Instead, I should leave you all with a happy note. Fortunately, just as last year, tomorrow happens to be Mother’s Day. So here’s wishing all mothers who are with us here tonight, as well as all tiger mums who had to stay home for their children’s midyear exams, a Happy Mother’s Day! Please enjoy your dinner, make some new friends while catching up with old ones. **SMA**



Guests listening to A/Prof Chin's welcome address at the SMA Annual Dinner 2013