The POLITICS

By A/Prof Chin Jing Jih

Some years ago, as a young registrar, I was attempting to highlight (with some youthful angst) to my department, the potential negative effects of a new executive directive from the hospital's leadership on patient care. In the middle of the discussion, I tried to seek the opinion (and maybe support) of a colleague whose practice was probably the worst affected by the changes. To my surprise, he replied, "I don't know… I'm just a simple clinician, and I'm not so political like you." And to my horror, he was prepared to accept the new arrangement without any feedback, as he saw his role purely as a clinician responsible for direct patient care, and did not think that providing critiques on hospital policies, whether or not they affected patient care, was part of his core duties. If my memory does not fail me, his closing remark was something like "find a solution around the problem and not be combative". Admirable stoicism and model employee maybe, but the reluctance and failure to attempt to improve the system or policy through honest constructive criticism is to me, akin to taking the easy way out, and ultimately a disservice to the system and patients.

Perhaps it has to do with the personality of those who choose to study Medicine, and those who are selected into medical school. Perhaps it is due to our training, which heavily leans towards learning the cures for diseases, rather than improving systems of care delivery. Perhaps the management of practice is just not quite the same cup of tea as the management of patients and their medical

of MEDICINE

problems. Or it could even be a cynicism caused by repeated experiences of disappointment and disillusion.

In hospitals today, particularly the public institutions, doctors are beginning to appreciate opportunities that allow them to spend some of their valuable professional time on medical education and medical research, which offer them great personal and professional satisfaction as teachers and scientific investigators. However, one area which doctors continue to shun, in general, is medical administration, unfortunately viewed by many a clinician as a time-wasting dead-end road for those who either lack the talent to heal, teach or conduct research, or a career path reserved for those who have chosen to "cross over to the dark side". This perception is further reinforced when doctors prefer to remain silent when confronted with policies or directives that they disagree with, or which they feel erode the fundamentals of medical ethics and professionalism. Such rejections even extend to a general reluctance to serve on professional and healthcare-related committees.

The healthcare landscape today is evolving rapidly, and challenging decisions related to rationing and prioritisation of utility and access will one day be key agendas even for resource-rich societies. As an advocate of good medical care that is also sustainable, I believe that the bigger challenge facing doctors goes beyond mere direct provision of patient care. Our input is required at various phases and different levels of decision making so that patient interests and professional values are not overlooked. An underrepresentation of doctors, who are the key providers of care and cure, at policy- and decision-making forums will have detrimental effects on the greater goal of improving patient care.

Perhaps the colleague I mentioned earlier was right, at least on the count of using the word *political* to refer to any attempt to engage policymakers and administrative leaders. There is also no denial that "healthcare" is a highly emotional and loaded term in society today. Having good health is seen as a critical element which enables a citizen to fulfil his dreams and aspirations, and also achieve a desirable quality and quantity of life. Often, while a healthy person is empowered to strive for financial security and success, wealth on its own does not always secure good health. In many countries, legitimate claims for access to a limited supply of healthcare resources make healthcare an easily politicised entity. Although the word *politics* tends to conjure up negative imagery of Machiavellian power play, one should not forget the positive aspect of the word *politics* (from the Greek *politikos*, meaning "of, for, or relating to citizens"), referring in particular to the practice and theory of forming decision-making or leadership processes that define expectations, grant power and verify performance in the care of patients and the general population. It can also refer to the process of engagement and debate which would help to shape policies in healthcare management and delivery.

In a paper titled "Medical Organizational Politics", radiologist John Knote defined "politics" as "the application of practiced wisdom, personal experience, and diplomacy to promote plans or philosophies through group influences on other interacting groups or individuals".[1] The shaping of healthcare policies and decisions – resource acquisition, resource allocation and distributive justice, access to healthcare resources, prioritisation – require active participation by stakeholders in a constructive and organised political process. Doctors certainly form a legitimate and relevant group of stakeholders in such discussions, and should not relinquish their right nor negate their professional obligation to help build a healthcare system that is fair and aligned with the professional and ethical values of the profession.

But one should not go away thinking that positive engagement in the "politics of Medicine" can only take the form of clinician leadership. It would be an absolute misnomer to see this as an "all-or-none" involvement. In his paper, Knote also put forth a framework for different degrees of political involvement, namely leadership, participation, support, or avoidance, which is highly applicable to the medical profession. At the highest level are leaders who guide and direct other doctors, and

interact with external interests to promote the values and requirements of the medical profession and its healthcare organisation. But not everyone can or wishes to be in leadership positions, and equally relevant and crucial are those who serve on committees, workgroups, taskforces, councils, and advisory groups that influence healthcare policies and directions. Then there are the "political supporters" who contribute their funds or time to support those who are participating at higher levels of involvement.

The key to patient advocacy, regardless of the level of commitment, is for doctors to be reasonable in their pushing the professional agenda. Taking a patient-centric approach, balancing pragmatically between professional ideals, social mission and financial sustainability, will add credibility to the profession's voice at forums.

Lastly, we have the "avoiders" who do none of the above, and passively allow those who do participate in political activity, whether doctors or not, to control their destiny. The undesirable consequence of nonparticipation by clinicians in healthcare-related discussions is obvious. And doctors may find themselves in a practice environment that is not conducive for medical professionalism.

Fortunately, the medical profession in Singapore has, over the years, produced a reasonable crop of highly competent and respected leaders, both in the public and private sectors. In any case, it would be unrealistic to expect everyone to be a clinician leader. But society and healthcare are both undergoing rapid changes, and the social contract for the medical profession and the rest of society will undergo constant review and renegotiations. The politics of Medicine will therefore benefit positively from greater participation and representation from doctors who serve as reasonable advocates of the profession, to help align organisational and business decisions with the professional and ethical values of Medicine, which will ultimately bring value and benefit to patients and society. If we knowingly allow "apathitis" among doctors to reach malignant proportions by conveniently deciding that the politics and future of Medicine rests only on the shoulder of a few trusted and capable colleagues, then I think there will be real danger that we will one day be relegated from our professional role. **SMA**

Reference

1. *Knote JA. Medical Organizational Politics. Am J Roentgenol 2001; 177(5):1001-4. Available at: http://www.ajronline.org/doi/full/10.2214/ajr.177.5.1771001. Accessed 1 September 2013.*

A/Prof Chin is President of the 54th SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep at night is even more essential.