

President's *Welcome Address*

By Dr Wong Tien Hua

Good evening and a warm welcome to the SMA Annual Dinner. I would like to thank Minister Vivian Balakrishnan for gracing this occasion. Some of you will know that Minister was formerly a council member of the SMA from 1991 to 1993, and then again from 1998 to 2002. I hope Minister will feel comfortable and relaxed this evening among friends and colleagues.

We took great pains to avoid having our dinner on the Mother's Day weekend this year. Unfortunately, our dinner tonight coincides with World Family Doctors' Day and half the family physicians who would otherwise have been here are over at the college dinner at the Academia right now.

Much has happened since our last annual dinner exactly one year ago.

The SMA's new slogan "For Doctors, For Patients" was unveiled last year by our guest of honour, Dr Tony Tan, President of the Republic of Singapore. The slogan has kept the mission of SMA in focus and served us well in our endeavours to support doctors, advocate for patients and protect the doctor-patient relationship.

We are here this evening to confer the highest honour to three individuals who have made outstanding contributions to medicine and society, through a medical career of distinction. We are also here to thank the numerous doctors and friends of SMA who have worked tirelessly throughout the year to keep our activities running, giving their personal time in support of our cause.



Dr Wong Tien Hua delivering his welcome address

This evening, I would like to mention two current items that have been on our Council agenda for the past few months. The first is in relation to our survey on managed care and business practice, and the second is on the Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines.

The SMA Workgroup on Managed Care has recently completed the managed care survey 2015. The survey was jointly conducted by SMA and the College of Family Physicians. The results of the survey has been published in our May edition of the *SMA News*.

The purpose of conducting this survey was to better understand the business environment that GPs currently face. While the number who responded was not huge, with 218 doctors responding, their perceptions nevertheless affirmed the impressions that we have long suspected.

When asked for the overall level of satisfaction with managed care organisations, 14% of respondents were "very dissatisfied", 42% were "dissatisfied" and 36% were "neutral". However the level of dissatisfaction was highly variable between managed care

companies; there were both good and bad performers. Compared to the previous surveys done in 2003 and 2006, the problem seems to be getting worse. The main cause of dissatisfaction was with payment, with an overwhelming 92% of respondents agreeing that the fees have not increased over the last ten years. There were also problems with restriction of choice of medication and restriction of referrals to specialists.

SMA cannot comment on what constitutes a reasonable reimbursement for managed care schemes; we had withdrawn our fee guidelines in 2007 because it was deemed to have contravened the Competition Act.

The reality is that managed care companies are here to stay and some think that managed care companies can contribute to reduced healthcare spending through cost control.

We are aware that GPs operate in a very diverse business environment, under different practice set-ups, with different overheads and different patient profiles. They range from large practices employing several doctors, thereby achieving cost savings from economies of scale, to solo practitioners either renting or owning their clinic premises. Some are able to provide quality primary care at low costs, but others are at the mercy of high overheads. All told, GPs face a tough and competitive business environment and a fine balancing act is truly required to keep a medical practice afloat.

At some point in the equation, if the fees that are reimbursed by managed care companies fail to provide sustainable revenue for the doctor's practice, we fear that patient care might be compromised. In a busy clinic with many managed care patients, doctors may not be able to spend enough time with their patients;

and schemes that do not adequately reimburse the doctors for their work may lead to care rationing.

GPs often approach SMA for help in such matters. We can conduct surveys, we can organise town hall meetings, and we are keen to obtain feedback and hear the views from the ground.

But at the end of the day, the best advice that we can offer to our GP colleagues is that

- they should stop signing up with managed care schemes that are not equitable;
- they should leave contracts that take too long to reimburse the GP; and
- they should avoid agreements that burden the GP with excessive administrative restrictions and exclusions.

These schemes ultimately get in the way of the doctor-patient relationship. The good news is



Back row (from left): A/Prof Chin Jing Jih, Dr Ng Chee Kwan, Dr Anantham Devanand, Dr Tan Tze Lee, A/Prof Tan Choon Kiat Nigel, Dr Tan Tse Kuang Charles, Dr Chong Yeh Woei, Dr Tan Yia Swam, Dr Noorul Fatha As'art, Dr Wong Chiang Yin

Front row (from left): Dr Lee Yik Voon, Dr Loo Kai Guo Benny, Dr Chan Teng Mui Tammy, Adj Prof Tan Sze Wee, Dr Wong Tien Hua, Minister for Foreign Affairs Dr Vivian Balakrishnan, Mrs Joy Balakrishnan, Dr Toh Choon Lai, Dr Lee Hsien Chieh Daniel, Dr Bertha Woon

that nowadays, GPs are no longer practising in isolated silos. We are now able to come together in networks and it is through these networks that we find support and encouraging stories from others who have successfully navigated away from managed care. Ultimately, we need to decide what's best for our patients.

Let me now talk about the second issue – the SMC Ethical Code and Ethical Guidelines.

During the SMC physicians pledge ceremony held on 20 February 2016, SMC's president, Prof Tan Ser Kiat, announced that the new ethical code and guidelines will be published soon, in the next few months.

The current version of the SMC Ethical Code and Ethical Guidelines dates back to 2002, more than 14 years ago. It is 26 pages long, printed in A5 size and has served the profession well over this time.

It is understandable that the ethical code needs to be reviewed and updated. The practice of medicine has changed, and in some areas it has changed beyond recognition. With the advancement of technology, new diagnostic and therapeutic tools are continuously added to our medical armamentarium. New technology also changes the way doctors interact with patients, reducing the information asymmetry in the doctor-patient relationship. With medical costs ever increasing, new funding models and business practices push the boundaries of ethical practice. Doctors need the relevant ethical guidance now more than ever.

SMA's involvement with the feedback process of the ethical code dates back to 2010 when SMC invited SMA to provide feedback on the Ethical Code and Ethical Guidelines. The SMA Council convened a special council meeting in October 2010 to discuss the proposal and we came up with a position paper with detailed recommendations; this was published in the *SMA News* in November 2010. We continued to engage SMC through focus group meetings thereafter.

The full draft of a proposed ethical code was made available to all doctors on 1 September 2014, when SMC called for general feedback from all registered medical practitioners. We sent email blasts to our members to urge doctors to examine the document and to pass their comments to us for collation.

We submitted the collated feedback to SMC in a 55-page document in November 2014. SMA also submitted a ten point position statement in which we stated that the draft code presented to us at that time was too lengthy and prescriptive in nature. We had earlier circulated this to our members and asked for support, and by the time the exercise was over, we had garnered 535 votes, out of which 526 members supported our position statement.

From August to October 2015, SMC conducted a second and final round of feedback. SMA continued to stand by our original statement, which was our concern with the lengthy document. The proposed and revamped guidelines standing at 127 pages, in A4 size, was too long and with very specific details

that we felt could be misused as a means to identify and prosecute doctors who fail to meet the standards. Civil claims for compensation could follow, with patients quoting the code in support of their allegations. We were concerned that this will lead to defensive medicine, which will harm the doctor-patient relationship.

The feedback process has run its course and we can now look forward to the revised SMC Ethical Code and Ethical Guidelines in the next few months. We are pleased that SMC had made the Ethical Code and Ethical Guidelines document available for review and feedback, and that all doctors were given ample time to do so. I remain confident that the leadership of SMC will give our views due consideration.

The revision of the SMC Ethical Code and Ethical Guidelines is only one of many recent changes that reminds us that the practice of medicine has entered a new age of information revolution, increased societal expectations and greater patient autonomy, where constant change is to be expected.

Ultimately, our aims are aligned with those of the SMC and society at large – which is for the good of our patients. The SMA will continue to support our doctors who in turn serve their patients to the best of their ability. We want to protect and preserve the doctor-patient relationship, which can be threatened by restrictive business practices, and overly prescriptive guidelines and codes.

I wish you a pleasant evening and an enjoyable dinner. ♦