

# The Year Past & the Year Ahead

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**A**t the AGM on 9 April 2000, a new Council was elected to office. We thank the three retiring members who have served in the 40<sup>th</sup> SMA Council and welcome the three new office bearers to the 41<sup>st</sup> Council. Thirteen of the office bearers of the last Council continue to serve in the new Council. There is thus a continuity of people and activities. I am honoured to be given the opportunity to lead the medical profession for a second year.

## BASIC STRATEGIES OF ERP

The basic strategies of ERP which I said I will apply in running the office of SMA President when I was elected last year have proven to be sound. These are stated again. They are Empowerment of the medical profession and I would add, the SMA Council as well; Relationship building within the membership, with the Ministry of Health, with sister professions in our country through the IPPG (Inter Professional Presidents' Group), and with the medical professions in countries of the Asia Pacific region; and Pro-Active management of the affairs in the medical profession.

## THE YEAR PAST

The year past has been eventful and many of the events were totally unanticipated. Of course some were pro-active moves namely, the setting up of the SMA Private Limited (SMAPL) to develop the financial resources of the Association; the preparatory work to set up the SMA Center for Professionalism and Ethics; and the professional relationships within the country and in the Asia Pacific region. A list of what I perceive to be the nine key events in 1999/2000 for the archives of the Association are listed in this forum.

Much of the successful management of what turned out to be the key events of the year lay in the strategies of empowerment of Council members to carry out the necessary tasks and the pro-active management of these events.

Of particular importance was the empowerment by the SMA Council of Dr Tan Sze Wee and his team to pursue the formation of the SMAPL which took a whole year to implement the decision made by the membership at the 1999 AGM.

Of equal importance was the empowerment of Dr Lim Teck Beng and his group in the handling of the unexpected changes in the medical indemnity scene.

A third area of successful empowerment was in the arena of medical ethics and professionalism given to the SMA Ethics Committee. The Committee handled 124 complaints in its one year of office. The Committee played the role of mediator for cases that required mediation and directed the complainants to other avenues where the problems required investigative powers to resolve the matter.

Dr T Thirumoorthy contributed greatly to the thinking and organisation of the workshops on medical ethics, the National Medical Ethics Convention and the infrastructure work related to the setting up of the SMA Centre for Professionalism and Ethics.

Relationship building has always been important and we have given due attention to that. This ranged from Council members' efforts within the SMA Secretariat and the Council, to efforts with the Ministry of Health, with the public as well as with sister medical bodies in our Asia Pacific neighbours and beyond.

## THE YEAR AHEAD

What lies in the year ahead? What is certain is some of the work done in the previous year require a continuity of efforts, persistence and vision to deal with the challenges that will be encountered along the way. What is uncertain will be events that we may not even dream of. We can only try to be prepared as best as we could.

I will comment on what I perceive to be the three key areas that the Council would like to focus its energies on in the coming year.

### • SMAPL

We place great emphasis on the SMAPL as the way to manage the finances of the Association which we have accrued and enjoyed the resultant financial stability in the past few years, thanks to opportunities, good vision and management of several past Councils and Presidents.

For the 40<sup>th</sup> Council's work on the SMAPL, I must take this opportunity to thank Mr Lek Siang Peng, our legal advisor and Mr Richard Chan, our Company advisor and public accountant for the many hours of unstinting help to set up the SMAPL. The SMA Council is deeply appreciative of this support and help.

### • MEDICAL INDEMNITY, CLINICAL COMPETENCE AND PROFESSIONALISM

We see the importance of working closely with medical indemnity organisations to serve our membership better. We are pleased to report the assistance rendered by the Hon Secretary of the 40<sup>th</sup> Council, Dr Wong Chiang Yin to one of our doctors as well as our successful attempt on the part of Council's discussion with MPS to fund the expenses of legal fees for a doctor who had to engage a lawyer outside the panel to conduct her defence.

The SMA Council is serious that we should work closely with the medical defence organisations and the medical profession pro-actively to ensure doctors are aware of the medico-legal dangers that they will encounter in their work and

◀ Page 2 – *The Year Past & the Year Ahead* to prevent these from happening through due diligence to medical competence. As a start, the first of a series of articles on medical practice and competence has appeared in the SMA News.

The strong reaction from the Singapore public in the newspaper forums on mistakes of doctors carried over from the release of a book by the Institute of Medicine in the United States: *To Err is Human: Building a Safer System* showed the importance of this aspect of the doctor's work.

It is unlikely that many patients who have suffered will be forgiving. This patient worldview (which I am acutely aware) was confirmed in a study reported in the *Medical Journal of Australia* in 1999. So as doctors, there is only one way to practice, namely, make sure we keep errors out of the way through due care. I am not suggesting defensive medicine though. Defensive medicine is not good medicine. So long as risks taken are reasonable, understandable and acceptable to both the patient and doctor, good medicine can flourish. The profession needs to guard against and defend itself against unreasonable patients and family members too. We need to empower ourselves to be able to do that.

Professionalism should be at the core of our professional behaviour.

In this context, there should be clearly enunciated statements on out-of-bound markers on advertising, unethical professional behaviour and what is expected of a medical professional. These are for the moment written in ethical codes that need to be amplified, more clearly defined and augmented as the world moves into a more entrepreneurial twenty-first century.

Should we throw away the medical ethics that guided the profession in the past and be businessmen? Maybe at the peril of losing the high regard that people still have for their doctors.

#### • HEALTH CARE REFORMS

The Health Minister, Mr Lim Hng Kiang and his Ministry has in the past year spearheaded challenging health care reforms. The formation of two vertically integrated health care clusters, if properly deployed and based on sound ideological principles could result in more cost effective and integrated care for our people.

Health care reform should also include attention to professional manpower development, enablement and empowerment of doctors, nurses and paramedical professions. It is important too that due attention is paid to health care financing and pricing of pharmaceuticals as part of the reform.

What we need to do is to empower

our GPs out there to be proud of the services they provide, provide these well and do not undercut each other. I remember that years ago, when a consultation fee of \$10 was announced in *Sunday Times* and some doctors were interviewed by the press reporter then, about the new fee, many said: "My patients will run away to the next doctor", it was reported. I was disappointed. We must charge a fair fee and provide value for that fee charged.

It is easy to delude ourselves with what I call the Robin Hood excuse. We excuse ourselves to do high volume and low level work. This will not do in the twenty-first century when medical problems are more complex because many of our patients are ageing and with that more medical problems coming together in the same person and the greater demand for quality assurance. We need to charge for the time required and that has to come from the patient's willingness to pay.

We should reserve the subsidy in price to only those who truly need that. For the truly sick and cannot afford, I am sure as a corporate body we can suggest durable solutions by the medical profession working in concert with the people and Government.

We need to show the public that our GPs can provide a higher level work than coughs and colds when the situation demands this level of care. The hospital doctors and GPs are already working on shared care programme towards a more integrated and cost effective health care delivery system.

We should each empower ourselves individually and as a medical profession collectively to insist that patients, companies and managed care organisations pay a reasonable fee for the services that GPs provide.

On the note of recognition, I am glad to note that the Ministry of Health has seen it fit to promote three primary care doctors who are holders of the MMed (Family Medicine) to superscale scale officers.

I look forward to report on positive developments in the medical profession come April 2001. ■

### KEY EVENTS OF THE ASSOCIATION IN THE PAST YEAR 1999/2000

1. *John Hopkins Singapore Pte Ltd – letter to point out their infringement of sections 59 and 60 of the SMC Ethical Code.*
2. *SMA PL – a holding company of the Association which has taken one year of hard work to form it. Refer to Lead Article report by Dr Tan Sze Wee.*
3. *Medical Indemnity – the sudden announcement of the withdrawal of MDU and the invitation of UMP to fill in the vacuum. Thanks are due to Dr Lim Teck Beng in handling this matter and his expert advice to Council.*
4. *Collaboration with SMC in the development of a nationwide CME infrastructure and programme. SMA is a member of the SMC CME Co-ordinating Committee and also our role will be to provide Accreditation for CME related to practice management, medical competence, professionalism, ethics and legal issues. The details are in the Jan 2000 issue of the SMA News.*
5. *Decision and infrastructure work related to the formation of the SMA Centre for Ethics & Professionalism. The work done is reported on pages 62-63 of the Annual Report. Dr T Thirumorthy has agreed to be the Director-designate.*
6. *SMJ and SMA News – the seamless transition of the editorship and new team. Thanks are due to Prof Kua Ee Heok who has passed on the baton to Dr Rajasoorya .*
7. *Participation in the national health care delivery system restructuring process. Through the SMA News and informal discussion channels we are keeping members informed of developments.*
8. *External professional relations – with the Ministry of Health on professional matters; participation in MASEAN activities, the IPPG (Inter-professional Presidents' Group).*
9. *Forward planning for 2000/2001 in the above 8 items.*