

Dinner for the Retirement of Dr Chen Ai Ju



Dr Jimmy Choo presents the crystal globe to Dr Chen.

A dinner organised by the medical profession to commemorate the retirement of the immediate past Director of Medical Services, Dr Chen Ai Ju was held on 14 July 2000 at the Marriot Hotel Ballroom. The event was jointly organised by the Academy of Medicine, Alumni Association, College of Family Physicians Singapore and the Singapore Medical Association. The Chinese sit-down dinner saw a total of 20 tables of the profession's who's who, which included doctors from the private sector, public sector as well as many of Dr Chen's former classmates from medical school.

The dinner started off with a short welcome note by Dr Wong Chiang Yin, who gave the reasons and background behind the four sister organisations coming together to organise the event: The dinner was a testimony to the fact that Dr Chen had made a lifetime of sterling contribution to public health and the medical profession. It was also due to the fact that many doctors were unable to attend another dinner given in Dr Chen's honour as that dinner was decidedly limited to a few select persons and not open to the participation of the entire medical profession. Dr Wong said, "the office of DMS is more than a box in an organization chart" and that all present were there because it was "right and proper to do so for the office of the Director of Medical Services".

As dinner progressed, representatives from the 4 sister organisations took the podium in turn to say a few words. Past Master of the Academy and former Deputy Director of Medical Services (Hospitals), Dr Chew Chew Hin was first to speak. He recalled how as a senior physician but inexperienced DDMS/administrator, he was called to speak on an orthopaedic event and how Dr Chen then as Director (Research and Epidemiology) rendered him valuable assistance then. He noted with satisfaction that when he retired, Dr Chen took over as DDMS (Hospitals).

The current Chairman of the Southern Branch of the Alumni Association, Dr Dominic Leung spoke next. He remarked how Dr Chen had always been a strong supporter of the Alumni's activities and in recognition of this, she was made an Honorary Member of the Alumni.

Dr Lim Lean Huat, present President of the College of Family Physicians Singapore was third to speak. He recollected how Dr Chen had always been a key promoter of Family Medicine, and how she had been instrumental in getting the College and the Ministry working together for the cause of Family Medicine. The development of a Masters programme for Family Medicine was testimony to this. On a more personal note, Dr Lim recalled Dr Chen as a warm and helpful senior when he was a young medical student and doctor.

The current President of SMA A/Prof Goh Lee Gan was last to speak of the four co-organisers. He spoke on many of Dr Chen's achievements and the help she had rendered to SMA in the past. He also gave a personal reflection

of Dr Chen as his tutor in Biostatistics while he was a medical student some 30 years ago. He gave credit to Dr Chen as a good teacher who was able to inspire him to do well enough to achieve a distinction in Public Health/Social Medicine as an undergraduate. That revelation drew cheers from the crowd of doctors who obviously knew the difficulty of getting even one distinction in the local medical school.

The highlight of the night was undoubtedly the speech by Dr Chen herself. She spoke of how medicine has changed from the days following Singapore's independence when she first started as a doctor in 1965 to the present. Some of the illuminating examples she gave included how from giving subsidised milk to Singapore's school children in the past to prevent malnutrition, the Ministry has had to now combat obesity. She also gave her insight into some of the challenges the profession will have to face, including the potential of genomics, the need to stay ahead of the competition and the unrealised dream of making Singapore a centre of excellence for medicine. The full-text of Dr Chen's speech is published on the next page.

No dinner of such a nature would be complete without a memento to the Guest-of-Honour to symbolise the collective well wishes of all present. The profession called upon one of its most respected and the most senior member present for this task: Dr Jimmy Choo Jim Eng, who promptly and with great panache presented the gift of a crystal globe to Dr Chen.

All who were present will undoubtedly remember the event for its understated dignity, informal simplicity, and unspoken camaraderie: A fitting salutation to an equally unassuming yet dignified and very integral member of the profession. ■



A/Prof Tan Chorh Chuan and representatives from the four organisers pose with Dr Chen Ai Ju and Dr Ling Chow Ming.

Speech by Dr Chen Ai Ju at her Retirement Dinner jointly organised by The Academy of Medicine, Alumni Association, College of Family Physicians Singapore and Singapore Medical Association on 14 July 2000.

"I have been asked to share with you my reflections of old times. I am afraid my working life has not been very exciting. I became a doctor in 1965, a good 35 years ago. I worked first as a university lecturer, then a practicing doctor, and over the last 20 years as a medical administrator in the Ministry of Health. For intellectual stimulation, I also had the good fortune to undertake clinical and epidemiology research throughout the years. Except for the occasional bumpy ride, you could say I have had the privilege of being exposed to a range of career opportunities in Medicine.

During these years, I have seen many changes in the healthcare scene worldwide and in particular in Singapore. Globally, the conventional medical practice of which we are all part of has changed from one which is primarily disease centred, to one which has come to be more people centred; from being narrowly reactive curative in response to patient's diseases, to being more proactive preventive, from having a pure healthcare sector approach, to a multisectoral approach involving the resources and energy of other sectors outside healthcare, and from one in which the western medical profession dominates healthcare to one which will increasingly be working in partnership with other healthcare workers and with the traditional system of medical practitioners as well.

As I look back, I cannot help but be amazed at how much medicine has changed over the years, and what remarkable gains in health has occurred in that time. Some of the changes which come to mind are those related to changes in people's nutritional status; from under-nutrition to obesity with their attendant ill effects. It was not too long ago, in the 1980s, when I stopped the supplementary feeding scheme for the underweight children and started the obesity prevention and treatment

programme. The pattern of diseases within the last decades has also altered. In children, it has changed from domination by diseases such as gastroenteritis and pneumonia, to congenital malformations, and malignancies. For adults, the demographics of patients was such that, then, there were 2 male to 1 female ward in the hospitals, now it is the reverse. There are presently more female than male patients because females are no longer burdened with maternal mortalities, but live longer to suffer from the chronic degenerative diseases which affect older persons and which require complex treatment and prolonged hospitalisation. All these changes have tremendous impact on medical practice.

I am also privileged to be part of the team to see through the changes in healthcare and health financing policies in Singapore and to see through the passing of legislations like the Human Organ Transplant and the Advanced Medical Directive Acts, the implementation of the Private Hospital and Medical Clinics Act, the development of specialisation and new subspecialisations and the establishment of family medicine as a discipline in its own right is done together with the implementation of a structured training programme for family physicians and the different specialists and the continuing medical education programme. The redevelopment of public hospitals and the building of specialty centres and new generation polyclinics, the turning of government health campaigns into civic movements, the establishment of linkages and professional exchanges with renowned medical centres and Royal Colleges, in UK, US and Australia and the Asean countries, the restructuring of public hospitals and institutions and the setting up of infrastructures and mechanisms to

guide and to promote medical research and ethical medical practice, are other important milestones in the evolution of medicine in Singapore.

As for events which affect the profession directly, the most significant are the passing and the coming into operation in the last 2 years of the Medical Registration Act, the Dentists Act, the Nurses and Midwives Act and the amendments to the various regulations under the Medicine Act and the amendments to the various regulations under the Medicine Act. Another important change is the National Family Planning programme. Within a span of one generation, as medical practitioners, we are involved in the full cycle of demographic transition from high to low fertility and its impact on the practice of O & G; and from the concerns of young dependency to that of old dependency. All of which generate much clinical responsibilities and research opportunities in several clinical areas especially in geriatrics for clinicians and researchers alike.

I can also look back with satisfaction at the high standard of healthcare that Singaporeans enjoy today in which we can all proudly be part of. However, there are two major areas which still have a long way to go. I refer to the role of family physicians as the core of medical care in society, with every Singaporean under the care of his or her own family physician, and secondly Singapore as a centre of medical excellence. Although the promotion of family practice by the COFP and the SMA is supported by the Ministry and further strengthened by the institution of a structured training programme for family physicians since 1991, the actual system of having a family doctor as a way of life has still not taken root in Singapore.

Secondly, our vision of Singapore as a regional medical centre of excellence,

body of opinion rests on a logical basis. Clearly this seems to be a rejection of the Bolam test. It was a matter for the court and not medical opinion to decide the standard of professional care. As stated by Mason & McCall Smith: *Law and Medical Ethics* (5th ed) at 225, "... Bolitho case has been regarded by some commentators as representing a significant nail on Bolam's coffin.

A recent English Court of Appeal case of *Penney & Anor v East Kent Health Authority* (2000), held that the Bolam test applied subject to the qualification that expert evidence that the defendant's conduct accorded with sound medical practice had to be capable of withstanding logical analysis... and that in areas of conflict between two competent experts holding genuinely different opinions, the judge can decide which evidence to prefer. In other words, the Bolam test is not applicable here.

In recent years, there is a movement away from Bolam and there are many evidence that the English courts will not apply rigidly the Bolam standard in disputes over information disclosure. In an English case of *Newell and Newell v Goldenberg* (1995), the patient successfully sued the doctor for negligently failing to warn her that the vasectomy could not be guaranteed to prevent pregnancy.

In another English case of *Williamson v East London and City Health Authority and others* (1997), the judge held that non-disclosure of the full nature of the surgery to remove a breast prosthesis which was a mastectomy amounted to negligence.

In another English case of *Lybert v Warrington Health Authority* (1996), the court held that the doctor was negligent in failing to disclose the risk that a hysterectomy might not provide protection against conception.

In the Malaysian case of *Kamalamb v Eastern Plantation Agency* (1996), the Bolam principle was not followed. A Malaysian judge can now decide on his own disregarding expert medical evidence on the sufficiency of consent. The Malaysian court has followed the Australian case of *Rogers v Whittaker*

(1992). The patient in *Rogers* case sued the doctor for failure to warn the risk of developing a condition known as 'sympathetic ophthalmia' which is a rare complication with a chance of 1:14,000. The High Court held that a doctor had a duty to warn of material risks. The Bolam test and *Sidaway's* case were rejected by Australia in regard to the doctor's duty to inform and disclose information.

In the Malaysian case of *Hong Chuan Lay v Dr Eddie Soo Fook Mun* (1998), the judge held that a doctor had a duty to give information and advice. His medical duty involves the disclosure of diagnosis of the patient's illness, the nature of the proposed treatment and the risks involved. The Court held that it is for the court [and not a body of medical opinion] to judge the adequacy of information disclosure for an informed consent. Medical opinions are still required to assist the court in its deliberation.

ATTACK ON BOLAM TEST

The Bolam test has also been challenged in some other jurisdictions such as in America, Canada, Australia and South Africa. There is no decided Singapore case. But Singapore doctors should be aware of the recent developments in America, Canada, Malaysia, South Africa and Australia attacking and rejecting Bolam test. It is highly desirable for a doctor to record in his medical notes that risks and alternatives were disclosed and understood by patients, apart from the patient signing the consent form. It is no harm to disclose all 'material' risks and information to patients as they have a right to do what they want with their own bodies. Patients could choose to do nothing after being informed of the alternatives or options available and the consequences of no treatment. This is respecting patient's autonomy or self-determination in biomedical ethics. ■

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with all our doctors, dentists and hospitals standing collectively as the medical centre and drawing patients from the region is also still not fully realised. Historically, the medical profession has taken the lead to initiate many changes in healthcare in Singapore, I am hopeful that the younger generation of doctors will continue this spirit of being the change agent and to further push for progress under the leadership of the SMA, the Alumni, the AM, and the COFP and to work with the government towards our goals to promote health and to alleviate disease and suffering.

I joined the medical profession at the most important time of Singapore's history, when it became an independent nation. I am pleased to have participated and contributed to the improvements in health and the changes in healthcare in Singapore. As healthcare professionals, our challenge is to improve the quality of life of our patients, treating them with the same respect and dignity that we expect for ourselves. We must also be mindful, we are not immune to public criticism. Our decisions and actions will be challenged more and more, as health is a subject close to everyone's heart. But I am confident our profession will be able to meet the challenges and uncertainties of the new information, biomedical and molecular technologies in the years ahead and bring medical practice to an even higher and more dynamic plane. But we must never become too enamoured with technologies and forget that Medicine, including Genomic medicine requires not only a good mind but also a good heart. Patients are not mere statistics. They have feelings. Let us show more compassion and be more communicative in our dealings with them. Let us also be more collegial to our professional colleagues as we have to work as a team to achieve the common mission." ■