# Ring in the New Year

Ring out the old, ring in the new,
Ring, happy bells, across the snow;
The year is going, let him go;
Ring out the false, ring in the true.

*- From Tennyson: In Memoriam CVI*

Garfield in his usual witty way says his resolution for the new year is to grunt for "PIG" which stands for Peace, Idealism and Gratitude. That is a good start for ringing in the new and ringing out the old. Let me add a few more things to his New Year message for 2001.

What is in store for us in 2001? "Changes," says Garfield. And the radio is thick with advice on how to cope with changes based on the best selling book by Dr Spencer Johnson titled, "Who Moved My Cheese?" Those of you who are familiar with the "One Minute Manager" will find Dr Spencer's story telling style an interesting way of putting his messages across. "Cheese" in his book is a metaphor for all those things that we want in life.

**THE FIRST CHANGE RESOLUTION**

Let me add three more suggested resolutions on change for the New Year. The first and most important change is to embark on CME systematically if you have not yet done so. This is for the protection and investment on our individual store of professional value.

This may need setting aside protected time out of your busy schedule to do so. Also, make it a variety. The first cycle of three years of systematic CME programme co-ordinated by the SMC-CME Co-ordinating Committee is set to roll in January 2001. You will certainly find a programme that will suit every practitioner. The Academy of Medicine has 35 programmes to cater for all its disciplines. The College has tied up with World Health Network to produce an innovative CME programme ready to roll in Feb 2001. The Singapore Medical Association has its series of ethics seminars planned for two years with a certificate of attendance and a series of practice management seminars is also planned. We are all set to go.

**THE SECOND CHANGE RESOLUTION**

The second change is to work towards better professional relationship with colleagues as a resolution of change in the new year. The paradigm of competition of the 1990s is changing into a new paradigm of integration and co-operation in the new century. The two healthcare clusters lead the way into the new paradigm.

There is a place for some healthy and friendly competition but there is certainly a greater need for working together across clusters and at an individual plane. After all, we are working towards the betterment of our Singaporean population. The common enemy is not colleagues in the other sectors but the disease and infirmity that mankind is heir to. One of my good friends aptly observed this: "We should see what we can do as a nation and not up and down the AYE".

**THE THIRD CHANGE RESOLUTION**

The third resolution of change is to work towards a confident and positive relationship with every patient. It is very easy to be defensive and be negative given the strident demands for legal redress and compensation. The writer, in the Straits Times Forum Page on 18 December is one such person. He reminds us of the continuing need to change ourselves so that our patients' attitude and mindset can be a positive one.

Patients today are less tolerant of mishaps. Also, some have shown themselves to be vexatious in their demands. Yet, we need not fear. So long as we are mindful of the traps that we need to avoid and take due precautions, we have done what needs to be done. In a nutshell, we need to review our clinical processes and change ourselves continuously towards a standard of zero error and completion of due processes. We can always be a better practitioner and clinician if we change our mindset to be one.

Seek out the reason for encounter, take an adequate history, do not omit the clinical examination and go through a short differential diagnosis if only to make sure we have not forgotten the serious, the atypical and subtle presentation of disease. There is a need for us to build up a repertoire of core skills and thought processes so that we can function error-free.

Patients can be classified as good, bad and ugly. Fortunately, the second and third categories are few and far in between. We need to feel blessed that most patients are reasonable people whom we need to serve well because they are reasonable people.

For the bad patients we need to look beyond their behaviour into the background of their lives. Perhaps they deserve our empathy and encouragement rather than our harsh comments and criticism. For the ugly, we too need a positive mindset. We need to thank them for keeping us on our toes. Take them positively. They are assignments from above to make sure we are able and capable of handling the difficult patients. If we remember to be assertive, to be professional and to be kind and fair even though there is an uproar in our spirits, we would have prevented such patients from jamming our radars.

There is also a need to be pro-active and pay attention to system factors.

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countries to eliminate tariffs, quotas and other restrictions on trade. It has concentrated lately on removing restrictions on capital and services, but it is behind the other trade blocs like the European Common Market in areas relating to health.

The ASEAN Framework Agreement on Services (AFAS) was signed in December 1995 by the ASEAN Economic Ministers at the 5th ASEAN Summit in Bangkok. Seven sectors (excluding health) were liberalised in the first round in 1995. The 6th ASEAN Summit in 1998 mandated a new round of negotiations beginning 1999 to be concluded ending 2001. The agreement would be expanded beyond the seven priority areas to cover all service sectors and all modes of supply to include health services.

## THE MEDICAL PROFESSION'S CONCERNS

The 9th MASEAN Conference held in Hanoi, Vietnam, from 29th to 31st October 1999 first discussed the implications of globalisation. It resolved that MASEAN study the arrangements of WTO and AFAS with regards to its implication on healthcare and submit a report by the next mid-term MASEAN meeting in Myanmar in 2000.

At the mid-term MASEAN Meeting held in Yangon, Myanmar in October 2000, the issues were discussed in a seminar. A resolution was passed to form a MASEAN task force to forge a consensus on the issues. The taskforce's is first meeting on 8 December 2000 in KL was chaired by Datuk Dr P Krishnan, President of Malaysian Medical Association. The Singapore delegation was led by Prof Goh Lee Gan, President of SMA and the Indonesian delegation by Prof. Ahmad, President of IMA. It made recommendations to further deliberate on the concerns of the medical profession.

### Issues raised by MASEAN Task-force on GATS & AFAS

**A. General considerations**

The following is a checklist of areas where commitments and limitations need to be considered in balancing local interests against the benefits of entry of services from trade agreement partners:

1. Jobs in the healthcare sector - the number of healthcare related jobs that could be opened up to trade agreement partners need to be quantified using provider : population ratios. Transfer of technology and short term meeting of needs will be encouraged but in the long term, a balance between local and trade partners provision need to be considered.
2. Provision of healthcare personnel, healthcare facilities, treatment, healthcare and related products by trade agreement partners should not adversely affect the existing distributive justice of the national health care systems with regards to hospitals, health centres, clinics, laboratories, pharmacies, supplies and equipment.
3. Control of standards, numbers and professional behaviour of healthcare providers that relate to one or more of the following aspects should be defined. These are personal, e.g. entry requirements; culture and language; place, e.g. urban and rural; action e.g. therapy that is not consistent with local cultural or legal ambience and products e.g. quality and efficacy.
4. Financing mechanisms of healthcare services where control is needed in order that exploitation of the situation is protected against or disparity is not made worse with the entry of service agreements need to be defined:
   - Insurance - capitalisation needs to be adequate to meet payments.
   - Managed care - payments given to providers need to be adequate to meet minimum quality of service and limits of use of high expense services by enrollees need to be clearly defined.
   - Saving funds - Access to publicly run saving funds by trade partners should be regulated and limited.
   - Medical defence insurance - entry by trade partners should not disturb the equilibrium with local mutuals. The exploitation of insurance should be prevented: occurrence - based claims may take some years for plaintiffs to file claims. It is easy for companies to collect premiums for the first few years and then get out when the claims start coming in. Easing of trade barriers should be coupled with assurance of permanency by new entrants to the existing markets. Insurance obligations should be legally honoured even if such companies cease to be operational locally.
   - Restructured hospitals, public health care and subsidised care - the right of host countries to continue to provide these to their local populations needs

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Towards this objective of empowering our doctors, the SMA News will feature case studies of difficult or treacherous situations where we need to pay attention to tips and traps offered by circumstances. We will ask our legal advisors to illuminate the circumstances and brief us on the legal and ethical aspects.

We have therefore started the year off with the case study of the semi-conscious man whose story found itself to the newspaper journalist's attention. We, as a profession need to thank her for highlighting the situation, whatever her intention was. We also need to thank our legal advisors for making so many useful comments. Due to space constraints, we cannot publish in full all their comments. A full set is available for reference in the SMA Secretariat.

Do take time therefore, to study this case in this month's SMA News. You would have made the first step towards being a more prepared clinician. Finally, the SMA will work closely with the Ministry to deal with vexatious claims or demands. We should make a concerted effort to see that people do not take advantage of doctors and hospitals' fear of publicity to blackmail us into paying up.

## TAKE HOME MESSAGE

We need not worry of being bad apples if we care to change to be a better clinician every day of our professional life. Each of us can embark on a self-directed programme of the Berkwickian paradigm of continuing improvement. Let me wish each and all a great year ahead. ■