

From Position Paper to Reflections

IN THE NEWS

The medical profession was in the news for the best part of January 2001. First, there were reports of medical alleged negligence – a reminder that doctors need to be ever vigilant in the delivery of care, to communicate well our intentions and the inherent risks.

Then, there was the SMA Position Paper on Faculty Practice Plan (FPP) and Night Polyclinics (NP). This was dispatched as a letter to the Minister for Health, Mr Lim Hng Kiang on 2nd Jan 2001. It was also copied to the membership. The Minister, in his opening of MD specialists, acknowledged the concerns of SMA on the FPP that need to be considered. Although it was not released to the press, nevertheless, the Straits Times reported on it.

It was the NP that attracted more attention and strident headlines. Eleven of the 16 members of Council met the Minister for a dialogue on the FPP and the NP. It was a reasonable exchange of ideas on concerns and assurances from the Minister that these will be addressed. On the FPP, the Ministry will have a system to monitor the quality of care in the hospitals in various ways, including time set aside by these doctors for subsidised care and teaching, clinical performance measures and non-clinical indicators such as waiting times. On the NP, the Ministry's stand was that NP will not be introduced at the expense of other important medical services which the public sector will continue to provide and improve.

INACCURATE IMPRESSIONS

The Straits Times editorial's comments on the SMA leadership in connection to the SMA Position Paper sent to the Health Minister on the Faculty Practice Plan (FPP) and Night Polyclinics (NP) were inaccurate, and in the eyes of some SMA members, possibly even defamatory.

The ST editorial on 24 Jan 2001 said,

"...The SMA's outburst is conduct unbecoming of a group of men and women who have pledged their lives to healing others" and, "...the ethical foundations of the SMA's position are incomplete and inadequate."

It was clear that the Straits Times editorial did not grasp what the SMA Position Paper said. What does the Position Paper actually say? On FPP, the SMA expressed its main concern that FPP may have a negative impact on subsidised care, training and research. The SMA Council ended the discourse on FPP in the Paper by saying it "would urge therefore that more thought be given into the pros and cons of faculty practice plan as well as alternative strategies for retaining specialist doctors in the public sector." There is no mention in the Paper that SMA is in anyway concerned with preserving private-sector specialists' income streams.

SMA's position on NP could be summarised by paragraphs 2 and 20 of the NP section of this Paper, which clearly states, "The issue is *not* about when and for how long a polyclinic should stay open to serve the public. Rather, the use of scarce healthcare resources to duplicate an existing service that is affordable, accessible, efficient, and currently adequate to cope with demand, needs to be very carefully re-examined" and "The limited public funds available for healthcare subsidies can be more prudently spent to achieve greater distributive justice than would be possible by the National Healthcare Group (NHG) offering night polyclinics to treat minor acute ailments. In fact, such a move may even run counter to the government's stated objective, which is to "*promote personal responsibility for one's health and avoid over-reliance on state welfare or medical insurance*" (quote in italics taken from Ministry of Health White Paper, 'Affordable Health Care, 1993'). Again,

the SMA Position Paper made no direct or indirect mention of SMA being concerned in anyway about GPs' incomes being adversely affected by NP.

Why the ST outburst? Could it be that the authors of the two ST articles are suggesting that by nature of the fact that SMA is the national association for doctors, anything SMA says on FPP or NP must be based on the premises of SMA being parochial and protectionist? If that is indeed the working premise of these authors, then we would hasten to say that this is not correct. In the same vein, if that is the argument, because ST is a for-profit organisation, does it mean that it has no higher social aims than newspaper sales?

A response to the ST Editorial and the inaccurate conclusions was sent to its Forum Page on 27 January 2001. They have since printed our response in full on 31 Jan 2001.

REFLECTIONS

Does the ST editorial tell us something? Perhaps it does. The bias against doctors when it comes to medically related issues is quite strong. Be it medical negligence, night clinics or doctor's fees, the response is similar.

Can anything be done about this bias? I believe we can. There is a need to communicate and to correct inaccurate impression whenever this occurs.

It is also important to resist being tempted into commercialisation and materialism in our modern world of shifting values. One aspect is to keep our fees fair and according to customary practice. Another aspect is to strive to be a professional who is a HIT which stands for honesty, integrity and trust (HIT) (a paradigm on consumers' satisfaction borrowed from Mr Stephen Loke, Chairman, Consumer Affairs, CASE). If we bear these aspects of professional practice in mind all the time, we will always have high moral ground. This must be our professional vision. ■

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