

**Editor's Note**

The following letter, written by Dr Phua Kai Hong, was originally addressed to the Editor, Forum Page, Straits Times, and copied to SMA. This letter was intended as a clarification to comments attributed to Dr Phua in the reports "Doctors' insurance will cost more" (ST, Nov 9) and "Time to limit medical lawsuit pay-outs" (ST, Nov 10), by Ms Salma Khalik, ST Health Correspondent.

Although an abridged version of Dr Phua's letter was published in the Forum Page on 16 November 2001, the SMA Council is of the view that doctors would not be able to appreciate the essence of Dr Phua's clarifications. Hence, with Dr Phua's permission, we reproduce here his original letter. Pertinent points which were excluded or edited will be highlighted in bold.

The Editor,  
Forum Page  
Straits Times

10 November 2001

I refer to the articles "Doctors' insurance will cost more" (ST Nov 9) and "Time to limit medical lawsuit pay-outs" (ST Nov 10) by Salma Khalik. **Since I was misquoted in both articles, please allow me to make some corrections** and to clarify the context in which remarks had been attributed to me.

When I was asked over the phone by the writer about my reaction to the expected rise in insurance costs, I had felt obliged then to offer my personal views as a health economist, on this recent trend which would have implications on rising health care costs in Singapore.

In the past few years in Singapore, not only have the number of insurance claims increased but the average amounts claimed have also doubled. I had associated this to the growing demands of a more litigious society and unrealistic expectations of the public for cures from their doctors which were not fulfilled. This is often aggravated by an element of miscommunication between the parties involved, **especially after certain expectations have been raised**. From the recent reports of the Singapore Medical Council, it can be seen that even though the total number of complaints received have increased marginally, the number of complaints per 1,000 doctors have remained around the same rate. This actually reflects well on the medical profession and the high standards of health care in Singapore. Unfortunately, from the reports of the cases of disciplinary enquiry, the vast majority of complaints received are cases involving the private sector. This impression is further reinforced from the many recent court cases reported in the press **that there are more claims arising from the private sector**.

However, this does not mean that "doctors, especially those from the private sector who are more eager to get the business, may gloss over the risks involved", which was attributed to me. I want to state categorically that I had not used these exact words and there was no intention to imply that private doctors are more interested in money which would expose them to greater risks. **From the media as well as the official documents of the Singapore Medical Council, there had been reports of isolated cases of the "black sheep" within the medical profession who seemed to be motivated by greed and had acted unethically.**

By the time the lawsuits appear in the media, a lot of misunderstanding and breakdown in the doctor-patient relationship would have taken place. **Much of the legal action could have been aggravated by poor communication and defensive behaviour on the part of the doctor. Here again, I was misquoted to imply that when things go wrong, some doctors "find it difficult to cope with their failure and may even be rude to the patient". In the second article (ST Nov 10) however, this point was qualified by the writer as a communication failure "which may make the patient and his family blame the doctor for not caring or trying hard enough, when the doctor had actually tried his best".**

**Such situations may only apply in the few cases which surface in the courts or before the Complaints Committees, and not to the rest of the respectable medical profession.** In the SMC Annual Report 1999, "of the 28 complaints which were dismissed, 15 letters of advice and warning were issued in the hope that where the doctors have not transgressed the ethical code of the profession but have roused the ire of the complainants by being insensitive to their need for information, sympathy and good bedside manners, they could be reminded that the good practice of medicine goes beyond just prescribing medication, removing lumps, mending bones or delivering babies". In 2000, the SMC Annual Report stated that "a number of complaints were related to the alleged lack of sensitivity or the poor attitude of the medical practitioner".

Finally, I was again cited out of context in the second article with the statement, "A doctor with a good bedside manner could almost get away with murder". I must admit that I had said this partly in jest to the correspondent to drive home the point that good communications and manners could have prevented a lot of unnecessary legal action from appearing in the courts. **She seems to have taken this light-hearted remark literally.**

**I was asked at the end of my conversation with Ms Khalik, whether I could be quoted. I had distinctly declined, except for those points that I had made in my professional capacity as a health economist on rising health costs. Thus I was extremely displeased with all the uncalled for comments on medical malpractice that were ascribed to me.**

I thank the Straits Times for this opportunity to set the record straight **and to allay any misunderstanding.** ■

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