

# 6<sup>th</sup> SMA Annual Ethics Convention

The 2002 SMA Ethics Convention was held on 9 and 10 November, consisting of a series of symposia on the theme "Improving Patient Care and Outcome with Ethics and Professionalism".

## MINI COURSE ON IMPROVING PATIENT CARE AND OUTCOME

Held on a Saturday morning of 9 November at the Grand Copthorne Waterfront Hotel, the mini course was attended by over eighty doctors, administrators, and allied healthcare professionals, who had gathered to learn how to deal with, and prevent medical errors.

Prof Chee Yam Cheng kicked off the session with an interesting presentation on the six aims of healthcare (see Table 1) and ten recommendations for changes (see Table 2). A/Prof Goh Lee Gan went on to analyse how the practice of medicine has changed, and the new mindsets to adopt. Prof SY Tan, a medical doctor and adjunct law professor from Hawaii, gave us an understanding of medical errors, and urged us to move from a culture of blame to a culture of safety. This was further elaborated by Dr Chin Jing Jih, Chairman of the SMA Ethics Committee, on the need for truthful disclosure of medical errors, and how to do it effectively. Health Care Organisations (HCOs) also play an important role. Dr Suresh Sahadevan, who had recently returned from a HMDP on Organisational Ethics, recommended such a programme to the HCOs, which aims to help them balance multiple perspectives.

## SYMPOSIUM ON MEDICATION ERRORS AND PATIENT SAFETY

Dispensing errors are simple blunders that may result in fatal consequences. We heard from three perspectives – a doctor in the institutional practice, a doctor in the private practice, and a pharmacist. Dr Ling Moi Lin, who is Director of the Quality Management Programme in SGH and SingHealth, highlighted the magnitude of the problem in US and UK, where the annual cost of medical errors by HCOs amount to US\$29 million

**Table 1 - The six aims of healthcare should be:**

Safe	– Avoid injuries.
Effective	– Avoid overuse and underuse.
Patient-centred	– Patient needs and values guide clinical decisions.
Timely	– Ready access, reduce waiting and harmful delays.
Efficient	– Avoid waste of equipment, supplies, ideas and energy.
Equitable	– Consistent quality care regardless of patient's gender, ethnicity and socio-economic status.

**Table 2 - The ten recommendations for changes:**

CURRENT APPROACH	NEW RULE
1. Care is based primarily on visits.	Care is based on continuous healing relationship.
2. Professional autonomy drives variability.	Care is customised according to patient needs and values.
3. Professionals control care.	Patient is source of control.
4. Information is a record.	Knowledge is shared and information flows freely.
5. Decision-making is based on training and experience.	Decision-making is evidence-based.
6. Do no harm is an individual responsibility.	Safety is a system property.
7. Secrecy is necessary.	Transparency is necessary.
8. The system reacts to needs.	Needs are anticipated.
9. Cost reduction is sought.	Waste is continuously decreased.
10. Preference is given to professional roles over the system.	Co-operation among clinicians is priority.

and 2 billion pounds respectively.

Dr Lawrence Ng, a GP in private practice, explained that as most clinics in Singapore and Malaysia, including those of specialists, are self-dispensing, hence dispensers should be trained to look out for medication errors. He explained how technology can help to reduce such errors, and quoted twenty practical tips from the AHQR Patient Fact Sheet on preventing medical errors (AHRQ Publication No. 00-PO38, February 2000). Ms Ang Hui Gek, Assistant Director of the Allied Health Division in SGH, cited "cognitive and visual illusions" as one of the main problems faced by pharmacists, which include misreading

drug names, misjudging the spatial location of the drug, and mistaking the size of a medication for a smaller look-alike counterpart. Effective prevention of errors, therefore, requires designing systems to incorporate human factors' principles to compensate for the limitations of the human mind.

## SYMPOSIUM ON ADVANCE CARE PLANNING

**"All must die someday. It is not an 'if' but a 'when', 'where' and 'how'. If death is inevitable, we can only hope for a good death...or perhaps we can try to plan for one."**

The over sixty participants who



From left to right: Dr Tan Chi Chiu, Dr Thirumoorthy (Chairman), Dr Chin Jing Jih.

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attended this symposium on Sunday morning, 10 November, brought home the perspective that Advance Care Planning (ACP) may mean the difference between a good death and a bad death. Dr Chin Jing Jih, Consultant at TTSH Geriatric Department, explained the importance of ACP to patients and clinicians, and emphasised that it is a process, not an event, and should be integrated as a routine part of standard medical care. Recognising the obstacles in carrying out ACP in our Asian culture (see Table 3), Dr James Alvin Low, Geriatric Consultant in AH, shared a practical method involving a five-step process, which include: Introduce, Discuss, Document, Review and Apply. CPR and intensive care therapy are often provided during life's final months, but it often serves only to prolong the dying process and many patients die in pain. The Advance Medical Directive (AMD) Act was passed in 1996, which provides for, and gives legal effect to, medical practitioners against artificial prolongation of the dying process. Dr Lim Boon Leng, Director of the Surgical Intensive Unit in SGH, explained how and when DNR should be implemented.

**SYMPOSIUM ON UPDATES OF PROFESSIONAL ISSUES**

Over eighty doctors and healthcare administrators gathered to learn about the SMA Ethics Committee, and the processes of the SMC Complaints and Disciplinary Committees. The invited speakers were Dr Chin Jing Jih and Dr Tan Chi Chiu, who are presently Chairmen of the SMA and SMC Ethics Committee respectively.

**Table 3 - Obstacles in Singapore in carrying out ACP**

CULTURAL	PHYSICIAN
Death and dying are taboo – Better not discussed.	Fear of frightening or sending wrong message.
“Leave it to my son or daughter” – Tendency to abrogate autonomy.	Perceived lack of skill in communicating EOL issues.
Paternalistic – Doctors decide for the patient.	No time to conduct such protracted “negotiations” with the patient.
	Time means money - Issues of reimbursement
FAMILY	PATIENT
Collusion.	Mental incompetence at the outset.
Disagreement with patient's wishes.	Indecisiveness.
Guilt feelings – Want “everything” to be done.	Refusal to face the possibility of death.
Mix their own values with that of the patient.	Not knowing that death is close at hand – Eg. Collusion.

**SYMPOSIUM ON UPDATES OF MEDICAL NEGLIGENCE LAWS**

Mr Edwin Tong and Mr Christopher Daniel, partners of Allen & Gledhill, gave an insight into the recent developments in the law of medical negligence in Singapore. With reference to two recent landmark cases, namely *Lily Pai vs Henry Yeo* and *Gunapathy vs James Khoo*, the *Bolam* test appears to be the *locus classicus*, and remains so. We also had the opportunity to hear the perspective from the US. Prof Jim Pietsch, Professor of Law in Hawaii, illustrated with real-life case studies, one of which where the quantum of award amounted to US\$7 million for a case of failure to recognise an emergent situation.

**SMA LECTURE 2002**

The SMA Lecture was instituted in 1963 and remains centred on medical ethics and related topics. The SMA Lecturers are appointed on the invitation of the SMA Council and it is awarded in the main to eminent and distinguished persons who have made significant contributions to medicine and the community.

This year, in view of an increasing emphasis on life sciences in Singapore, the Organising Committee decided to focus the theme of the 2002 SMA Lecture on Genomics. The 43<sup>rd</sup> SMA Council accepted the recommendation unanimously and appointed Prof Edison Liu as the SMA Lecturer. Prof Liu is the Executive Director of the Genome Institute of Singapore, and has been tasked with spearheading the country's billion-dollar Life Science initiative. A synopsis of the SMA Lecture is found on the front page.

**THE 4<sup>TH</sup> SMA ETHICS ESSAY AWARD**

The Award aims to encourage tertiary

students in Singapore to research and review important aspects of medical ethics. This year, the essay theme was “Ethical dilemmas of the practice of medicine in the IT Age”. The Award was open to two categories – Medical and non-medical students. For the medical category, four essays were received from the NUS Faculty of Medicine. For the non-medical category, eight essays were received, of which three were from polytechnics, another three from junior colleges, and the remaining two from the NUS and SIM. Professor Chee Yam Cheng (Chairman of TTSH Medical Board), A/Prof Chong Kim Chong (Lecturer in NUS Department of Philosophy) and Dr Lim Shun Ping (Cardiologist in private practice) were tasked to judge the essays.

The winner of the medical category was Ms Crystal Yeo Jing Jing, a first year medical student in NUS. The winner of the non-medical category was Ms Esther Ng Shu-Ting, a Science student in Raffles Junior College. Prof Chee Yam Cheng presented the Awards to the winners at the 2002 SMA Lecture, in the form of \$1,000 and a plaque of memento. The winning essays, and other selected ones, will be published in subsequent issues of the SMJ.



Winner of the Medical Category, Ms Crystal Yeo, receiving her Award from Prof Chee.



Winner of the Non-Medical Category, Ms Esther Ng.

**A WORD OF THANKS**

This Convention was the product of the commitment of our volunteer speakers and the hard work of the SMA Secretariat. To all of them, I express my sincere gratitude and appreciation.

**Dr Thirumoorthy**  
**Convention Organising Chairman and Director of SMA CMEP ■**

**Note:**  
*The speakers' powerpoint presentations are available at the resource website of CMEP at <http://www.sma.org.sg/cmep>*