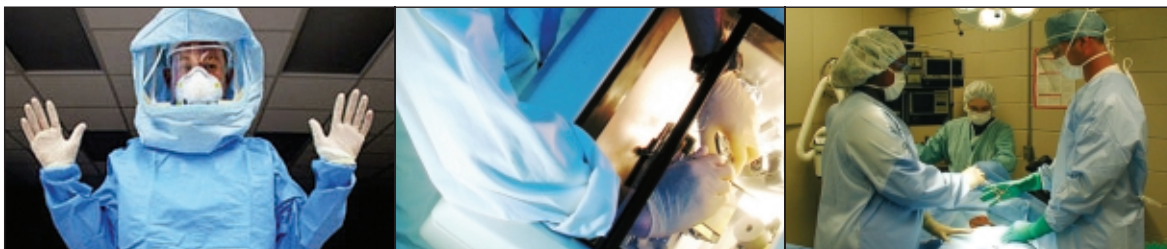


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2003 in Retrospect

By Dr Wong Tien Yin, Editor



Imagine this time last year. In January 2003, the Singapore economy was finally turning around, and things were looking rosy. We were not prepared for the impending threat of SARS, a word not even in our vocabulary a year ago. SARS has had a major, direct impact on our personal lives since, and for the healthcare profession at large in Singapore. Several other significant events should also not be forgotten. How did these events affect the medical profession, and what future lessons do they hold?

1. THE SARS OUTBREAK

The Facts: SARS infected thousands of patients around the world and killed hundreds. Entire healthcare systems and economies were affected.

Direct Impact: SARS signalled a new wave of emerging infectious diseases that can spread rapidly across borders and countries in a globally connected world. At the peak of the outbreak, it was reminiscent of a more aggressive form of AIDS in the 1980s. SARS affected our way of practising medicine: PPE (Personal Protection Equipment) became standard clinic equipment, and the

travel history of our patients was an essential part of our clinical assessment.

Broader Implications: The 2003 epidemic was “won” by close communication between countries, a return to basic public health principles of infectious disease control, and scientists working together to identify the SARS virus. But when will the next SARS outbreak occur? What form will it take? How will better understanding of this disease lead to more rapid control of the next outbreak? Will we see a greater level of communication and cooperation between the public and private healthcare sectors, and between the two public clusters?

2. THE NATIONAL NEUROSCIENCE INSTITUTE SAGA

The Facts: A S\$10 million study led by Prof Simon Shorvon, then the Director of the National Neuroscience Institute (NNI) and a top neurologist and epilepsy expert head-hunted from the U.K., breached several counts of medical ethics.

Direct Impact: International media attention was focused on the ethical conduct of medical research in Singapore. Questions were raised about the rapid push of life sciences in Singapore, the hiring of foreign scientists, the role of over-worked ethics committees, and how research projects were approved and monitored in Singapore.

SMA ANNUAL GENERAL MEETING

Date : Sun, 4 April 2004

Time : 2.00 - 5.00 pm

Venue : Alumni Auditorium

Please also look out for the notice of AGM and nomination form in this month's mailbag.



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Broader Implications: A comprehensive review of how life science and medical research is conducted in Singapore is needed. The NNI saga has highlighted many issues that must be addressed before life science research can take off in Singapore. Our research institutions cannot afford to be seen as the “Wild Wild West”, where funding is easy to obtain, research is unregulated, and the end (patents, new drugs or product discoveries) appears to justify the means (the ethical conduct of research). At the same time, we must not react excessively. We should not stop funding high-impact medical research, restrict the academic freedom and intellectual creativity that is critical to life science development, or develop a “xenophobic” attitude towards foreign scientists, who will continue to be key to biomedical research development in Singapore.

3. THE IRANIAN TWINS

The Facts: A team led by neurosurgeon, Dr Keith Goh, performed an operation to separate a pair of twins joined at the head. Both twins died.

Direct Impact: This high-risk, high-profile case attracted publicity on medical services in Singapore and on Raffles Hospital, in particular. Shares of the Raffles Medical Group surged 20% to a near three-year high at the commencement of the operation.

Broader Implications: Should the doctors have performed the operation in the first place? With the benefit of hindsight, it is easy to say that the operation should not have been performed. Should a national ethics body, such as the National Medical Ethics Committee, approve and regulate the performance of these high-risk medical procedures? There were issues raised about Singapore’s craving for international publicity of our medical services. Others felt that the courage of the surgical team to put their reputations on the line should be applauded. However, the longer-term implications are difficult to determine. As with life science research, Singapore cannot be seen as mavericks in the medical professional community.

4. SINGAPOREMEDICINE AND MEDICAL TOURISM

The Facts: SingaporeMedicine, a multi-agency government initiative led by the Economic Development Board, the Singapore Tourism Board and others, was launched. The goal was to develop Singapore into the premier regional healthcare hub, to service a million international patients annually and to generate S\$3 billion in tourists’ revenue by 2012.

Direct Impact: Thailand and Malaysia have emerged as serious rivals to Singapore as the leader in medical services in South East Asia. SingaporeMedicine is symbolic of a larger effort by Singapore to re-capture the “medical tourism” market.

Broader Implications: The success of such a bold initiative remains to be seen. A fundamental challenge is striking a balance between affordable, basic healthcare meant for the local population, versus top-of-the-line luxury medical services catered for foreigners. Can a two-tiered healthcare system function effectively side by side? How will Singaporeans be reassured that surging healthcare costs will be unrelated to the efforts to become a regional medical hub? Should private or public hospitals take the lead in attracting foreign patients? Is there a role for public hospitals in this initiative in the first place? These are issues that will evolve over the next few years.

What unfolds in 2004? Your guess is as good as mine.

Happy New Year! ■

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