

## From March/April 1985 Issue

# SMA – 25 Years

### **Editor's Note:**

*This article covers the years 1959-1985.*

**A**s the Singapore Medical Association stands on the threshold of the next twenty-five years, it would be pertinent to look back over the last quarter of a century of SMA's existence.

### **THE BEGINNING**

The Singapore Medical Association (SMA) was formed on 15 September 1959 at an Inaugural Meeting held at the Alumni Association Medical Centre under the sponsorship of the Alumni Association and the British Medical Association (BMA, Malaya Branch).

The two sponsors of SMA, namely the Alumni Association and the BMA (Malaya Branch) may be regarded as the forebears of the Association. Dr Yahya Cohen's Singapore Medical Association Lecture given in 1971 titled "Association, Profession, Adaptation" gave a fair amount of historical details of these two bodies vis-a-vis the SMA, a synopsis of which appears below.

### **THE BMA (MALAYA BRANCH)**

The Singapore Medical Association became the legal successor in Singapore to the Malaya Branch of the BMA, whose funds were shared equally with the Malayan Medical Association. Each Association received \$16,525.95 in 1960.

The BMA (Malaya Branch) in turn was the successor to the Straits Medical Association formed in 1890. At the Inaugural General Meeting of the latter held on 15 April 1980, out of the eight members present, five became Office Bearers. The founding president was Dr DJ Galloway (later Sir David Galloway). The Straits Medical Association thrived and published a Journal. Regular monthly meetings were held and careful though short notes made of the attendance and transactions of these meetings.

In 1984, four years after the formation of the Straits Medical Association, "the liabilities and assets of the Straits Medical Association such as shown in the balance sheet, as well as the library and the Museum of the same" was passed to its successor, the newly inaugurated Malaya Branch of the British Medical Association.

The membership roll of the Malaya Branch that year listed 38 Ordinary members and 2 Honorary members. By 1910, six years after its foundation, the Association listed no less than 100 members. The total number of medical practitioners in Malaya on the register at about the same time was 215. The Association did not

limit itself to the reading of scientific papers and presentation of cases, pathological specimens and histological sections. It was active in the organisational and administrative fields. Thus at a meeting in 1894, a motion was tabled by a member, "That medical men giving evidence in a Court of Law should be entitled to a professional fee..."

### **THE ALUMNI ASSOCIATION**

The Alumni Association had its roots in the most important event in the Annals of Singapore Medicine, namely the establishment of the Straits Settlements and Federated Malay States Government Medical School in 1905. The Malayan Medical Journal of 1910 reports that "The Medical School of the Straits Settlements and Federated Malay States... gave birth to its first offspring of Licentiates. Seven graduated in May and another seven in December. From that humble beginning the Medical School was renamed the King Edward VII Medical School in 1912 and renamed again in 1920 the Edward VII College of Medicine. The College was absorbed as the Faculty of Medicine in the newly founded University of Malaya in October 1949 and subsequent events are known to all.

The steady stream of graduates that the College produced led to the formation of an association of graduates known as the Alumni Association. Instituted in 1923 it would seem to have existed in a desultory fashion. It was only after the war that it mustered its forces and became a truly active body in both professional and political spheres. Regular clinical meetings were held soon after the war and in 1948 the Association began to publish its own Proceedings.

The Alumni Association became a body of solidarity in the immediate post-war years. In the Colonial era the Medical Service in Singapore and Malaya was compartmentalised. There was the Malayan Medical Service which consisted of personnel recruited from overseas and there were doctors that were recruited locally, most of whom were graduates of the Singapore school. Between these two compartments there existed a chasm which could not be crossed. There were differences between these two Services – differences in salary, differences in opportunity but, most important of all, differences in status. The overseas officer began his career as an Assistant Medical Officer. The champions of the Alumni Association of the time fought the barrier; they were not looking for ways and means to cross the barrier; they wished to destroy it so that the two parts of the Service would fuse into one whole.

◀ Page 8 – SMA – 25 Years

From the point of the Singaporean, the accomplishments of the Alumni Association set the pace for the best we have in the Singapore Medical Association today – professional and scientific activity as well as an independent spirit.

Having given its gifts, the Alumni Association rang down curtains upon itself and withdrew graciously from all these activities. It was a partisan organisation and in the independent Singapore of the sixties partisanship was no longer necessary. In like measure the British Medical Association had become superfluous. Each had served its purpose.

There was to be one organisation to represent all aspects and persons in the profession. Out of this objective, the Singapore Medical Association was born with Dr BR Sreenivasan as its Foundation President. It assumed all the duties and responsibilities previously held by the Malaya Branch of the British Medical Association and the Alumni Association of the King Edward VII College of Medicine. This was a portentous move and meant to adapt to the modern times and needs. An effort was made in the year previous to 1959 to form the Malayan Medical Association with three branches and would have included Singapore in the Southern Branch. However, the patterns of Governments in Singapore and Malaya did not allow of this.

### THE LAST 25 YEARS

*In the 25 years of its existence the Singapore Medical Association tackled the many issues that confronted the medical profession. Some of these issues are still very much alive today after 25 years. Issues like recruitment of foreign doctors, statements to the press, medical insurance fees, doctors' fees, dispensing, post-graduate medical education, abortion, ethics, and advertising crop up time and again in new clothes to disturb the equanimity of the medical profession. Some of these issues are reviewed elsewhere in this issue.*

### THE PROFESSION'S MAJOR ILLNESS TODAY

Writing in the SMJ in 1977, Prof Seah Cheng Siang examined the profession's major illnesses in an article "Medicine Tomorrow".

He said: "The profession has been divided into a private and public sector. This divisive effect has created

the 'holier than thou' attitude held by one or the other, heightened by righteous indignation. There is no place for this in Medicine. Each doctor in each area has his own pertinent role and therefore there is no necessity for comparison."

"Another major illness is the 'commercialisation' of medical practice, with economic objectives set as important goals at the expense of the doctor-patient relationship."

"The current illness in hospital doctors is that of 'institutionitis'. The trend is for the formation of large medical institutions, paralleling that of businesses, like the multinational conglomerates. In large hospitals, depersonalisation of the patient and staff gradually affect human behaviour. Motivation declines and apathy sets in. A lack of personal interest prevails and again, the doctor-patient relationship suffers. These lead to the threatened reduction of human to veterinary medicine. These are the symptoms of a disorder, the prevention of which will have to be worked out for Medicine tomorrow."

### TOWARDS TOMORROW

Today's medical education is tomorrow's Medicine. With the advances of specialisation and laboratory medicine, the future doctor will have to be taught to be capable of the synthesis of science, adept at the interpretation of data and sensitive to the interaction between patient and physician and disease. Coupled with this, the student will have to be taught to learn to care. The humanities have been subjects long neglected in the curriculum. There is a need for the inculcation of respect for life and for patients as persons. And to educate such a doctor, the medical school must preserve the environment of learning; it must foster inquiry, resist dogma and accept as a primary educational objective, the learning of the skills required of the doctor of tomorrow.

### COPING WITH CHANGE

Change is inevitable. Change is constant. The Association can take pride of place in assisting the profession to adapt itself to changing circumstances. In the material, to rectify, to organise and to implement. In the intangible, to instil among its adherents a sense of values so necessary to dignified survival – of values such as pride but not arrogance; of discipline but not servility; of respect but not fear; of loyalty but not subservience; and in so doing to imbue the coming generations with a deportment that is both discriminating and courageous. ■

### References:

1. Cohen Y. *Association, Profession, Adaptation. Sing Med J* 1971; 12(3):121-6.
2. Seah CS. *Medicine Tomorrow. Sing Med J* 1977; 18(3):172-5.