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SMA NEWS

Challenging the Medical Dilemma of the 21st Century

By Professor Arthur S M Lim

In the 21st century many medical challenges will emerge. Healthcare systems are changing at such a rapid rate that major problems will spread rapidly. These are not resolved...

...quickly, we will face a global medical dilemma of epic proportions. If we fail to embrace these challenges, the future direction of medicine will no longer be decided by doctors, but by politicians, investors and patients.

Numerous factors have created the global medical dilemma, especially the billion-dollar crisis of rising health costs and the increasing expectations of patients. I will avoid technical advances but will highlight general changes causing the medical dilemma.

AN AGEING POPULATION AND RISING HEALTH COSTS

Enoch Powell, British Minister of Health in 1960, commented that "there is virtually no limit to the amount of health care an individual is capable of absorbing". As our population ages, the number of chronically ill elderly patients will increase. Expenses will spiral because there is no limit to what grand costs treatment may reach. Correspondingly, there will be a decline in the pool of young, healthy workers contributing to the economy. This will constitute a major



Centennial Dinner at the Istana.

socio-political problem for all governments, with adverse ramifications for the health services in many nations.

The world's ageing population will aggravate medical care costs in the 21st century. How can we manage our ageing population? The concept of an "acceptable" standard of basic healthcare has been growing more and more difficult to meet over the years.

Generating support from everyone for reforms at different levels, albeit difficult, is essential. Major reforms will be strongly resisted. Yet transforming resistance into exciting opportunities is a fascinating challenge for the agile brain!

One naturally turns to the government first. I believe the solution lies in the community. The community must feel responsible for the aged, and doctors who wish to help can work on a semi-voluntary basis for a nominal charge, and we can then construct more nursing homes, community and chronic hospitals that would be able to run at low operating costs.

The Super- and Post-industrial Era

There are numerous predictions about our future. Perhaps the most optimistic is the remarkable futurologist Herman Kahn who in 1977 stated, "200 years ago, almost everywhere human beings were comparatively few, poor and at the



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mercy of the forces of nature. 200 years from now, we expect, almost everywhere they will be numerous, rich and in control of the forces of nature. We have just seen in the most developed countries the emergence of super-industrial economies (where enterprises are extraordinarily large), to be followed soon by post-industrial economies (where the task of producing the necessities of life has become trivially easy because of technological advancement and economic development)."

COSTLY TECHNOLOGY

The Good Doctor

What makes a good doctor? Is it skills, knowledge, experience, judgement or ethics?

New, highly exciting inventions are constantly unfurling before us: genetic and molecular techniques, heart and liver transplants through the use of animal tissues and plastic materials, body scanners, Viagra. Super drugs, touted as the miracle workers of this age, are things that doctors should deal with caution. The abuse of new technologies for a simple, straightforward case increases. Doctors should never forget that the primary role of a good doctor is to provide affordable, quality health care to patients. Indeed, a very important question to ask is: "Are there situations where *the latest is not the best?*"

While credit should be given to the pioneering innovators of science, without whom medicine would never have arisen from the Dark Ages, we should also realise that the medical profession is in no way the same as the haute couture industry. All health administrators and doctors have the grave responsibility of determining the suitability of an innovation in the light of patients' needs.

Indeed, as with every innovation, we should also be well aware of its unknown effects. I would suggest that all new drugs and surgical methods be subject to stringent guidelines, and that blatant false advertisements and repeated gross negligence lead to more severe penalties, and perhaps be dealt with as a criminal offence. Whatever the treatment proposed, the aim must be to enhance the quality of patients' lives and their best interests.

Cost-Effective Quality Healthcare – A Basic Human Right

Innovative doctors and enterprising manufacturers have created wonderful advances in medicine, but costs will escalate globally. Our aim must be to improve the quality of medical care in a cost-effective way.

Can all citizens of Asia have access to affordable quality medical care? Or will the poor patients of Asia be neglected and not even receive basic care in the 21st century? Quality medical care for everyone, including those who cannot afford to pay, is an ideal that everyone should support.

Patient's Desire versus Science

In recent years, the scientific understanding of diseases has



Prof Lim attending to villagers in Bangladesh.



A much younger Prof Lim playing a mean game of table tennis.



Eye operation in progress.

been the basis of technical advances. It may be said that this has led to excellent management of the patient's disease but sometimes bad management of the desires of the patient.

I wish to emphasise that while I strongly support science, technology and biostatistics, neglect of the interest, desire and satisfaction of the individual patient is bad clinical practice.

A SOLUTION TO OUR HEALTH PROBLEM

In order to combat this problem, perhaps we should introduce greater division of labour for the betterment of all. We should divide our medical facilities into three tiers: one for basic, affordable and quality medical care for every citizen; another for teaching and research which should remain the stronghold of the universities; and a third tier for luxury medicine, which should be catered for by the private sector.

The responsibilities of the first tier should be undertaken by the government. Leading specialists must be encouraged to spend time healing the general populace. These doctors and specialists serve the function of missionaries: they are dedicated, caring and committed to helping the less fortunate. They are the pillars of health services worldwide.

The tasks of teaching and research should be given to universities because general hospitals are already finding it difficult to sustain their funding. Within these universities, transfer of skills can take place through educational programmes.

The private hospitals will make up the third tier of "luxury medicine", allowing a nation to establish top hospitals attracting elite specialists and attracting foreign patients. The spin-offs from this sector can be significant as foreign currency is earned in a number of ways: direct spending on medical services and indirect spending



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via hotels, transportation, retail and other services.

If this three-tiered approach to restructuring the healthcare industry were to take place, the career paths and expectations of doctors will be clearer and might help to boost the sagging morale of doctors.

THE SAGGING MORALE OF THE DOCTOR

Why is the morale of the modern doctor sagging in some countries?

The problems causing sagging morale include:

1. Rise in expectations and complaints of patients
2. Formalised obligations to conduct audit
3. Undertake continuing medical education
4. Pressures on existing consultants to see more patients
5. Research
6. Cost control

More sophisticated patients' expectations, escalating health costs and the dramatic rise of iatrogenic diseases have cast doubts on scientific and medical progress.

At the same time, medical consultants of today have to juggle additional duties on top of what was once expected of them. They have to provide primary and tertiary care, to keep abreast of the latest procedures and technologies and to appease demanding patients by using fancy drugs that have instantaneous effects in treatment. Simultaneously, they may sometimes face the additional stress of having to teach undergraduates and undertake burdensome administrative duties pertaining to outcome, standards, quality control, cost control and waiting time.

Furthermore, I feel that the influence of information technology and genetics in medicine without clear ethical control, converts both doctors and patients into faceless figures sans emotion.

Doctors: From Admiration to Distrust

Medical progress in the last five decades of the 20th century was simply dramatic. The public reacted with great enthusiasm to the spectacular progress of medicine. Doctors were regarded with great admiration throughout the world. Unfortunately, increased patient expectations, combined with escalating costs and iatrogenic diseases, created doubts. A few doctors – the black sheep – were dishonest. They created distrust.

Litigious Society

Additional stress on doctors also results from an increasingly litigious society where people often sue at the drop of a hat. Thus, when doctors try to cut costs, they are labelled "negligent" or "uncaring". On the flip side, if they do send them for additional tests, they are said to be "trigger-happy" and "indifferent to cost controls". As such, doctors find themselves walking a tightrope in these matters, and the problem is that nobody knows exactly where or what this tightrope is.

We must move to salvage this situation immediately.

Doctors' frustrations should not be taken lightly because a disgruntled doctor tends to be inefficient, and this inefficiency translates directly into poor management and higher costs. Doctors who are in direct contact with patients and who decide on the appropriate treatment, operation and equipment can seriously jeopardise the smooth running of a medical establishment if they become disillusioned with the system.

Understanding the Law in Medicine

Medical practice has not been spared the increasingly litigious nature of society, so we must be prepared to deal with it. Patients have to understand their doctors' limitations and not allow disappointment in scientific advances to be transformed into anger against doctors.

Values and Ethics

Ethical judgement in medicine is an attempt to distinguish between good and bad conduct. Doctors today face ethical problems which did not exist when Hippocrates wrote his famous oath. In the past ten years, spectacular economic growth and rapid changes require us to address issues not with clever answers but with a philosophical approach centred on ethics.

In the midst of numerous developments, we must always remember the basic principle that when treating patients, their interest must always be foremost in our minds. A good doctor must know that before he carries out any procedure, the age-old medical adage must prevail: "First of all, do no harm". As we explore new medical technologies, our main concern should be the welfare of our patients, not the development of our skills or the advancement of our research interest.

In ancient society, the doctor was regarded as a supernatural figure as he grappled with the serious and mysterious forces of disease and death. In the information age, the situation has changed. In contrast to the acceptance of professional authority in the first half of this century, a growing public concern for their rights as patients has emerged in the last decade. As our patients become more affluent and educated, they will be more demanding. In many ways, this is good as such demands encourage health care providers to give the best service. A good doctor/patient relationship is essential for good patient care. The public in its enthusiasm for rights, should also remember that the patient whose life is in danger, who is in danger of losing the sight of his only eye, is less concerned with his rights, but in having a good and compassionate doctor who will do his utmost to help him.

No government will take a doctor seriously if he is only interested in his own welfare and disregards the interest of society. We must remember that the medical profession although important, represents only a small part of the multitude of the problems that a nation faces. As society becomes more complex, the doctor's role in treating individual patients often comes into conflict with the requirements of the community. Doctors have to work with the requirements of their society. Their responsibility today is not just to their

patients as individuals but also to society.

We must always remember that a doctor's true value is the good he does for his patients and his fellowmen.

WHAT SHOULD WE TEACH?

What should we teach the next generation? Advances in genetics, micro-technology, micro-robotic molecular biology and cloning will create confusion in the coming years.

Continuing Medical Education (CME)

Continuing Medical Education for all doctors will be essential. CME is no longer a casual requirement but an integral part of medical education. It's simply inadequate to introduce

minor changes in medical education. Major reforms are required urgently.

Those unable or unwilling to adapt to new knowledge and rapid changes will perish. Rapid changes, controversies and confusion in the medical arena will create wonderful opportunities for the alert mind.

CONCLUSION

If we are united and work together in the coming years, medical development in Asia can be fascinating. What a wonderful world it will be when the opportunities to enjoy quality medical care spread to everyone, and to every nation within a decade. ■