Survival and Sacrifice

Dr Wong Chiang Yin in Muzaffarabad, Pakistan. – East Asia Earthquake 2005.

It is my singular honour, solemn pride and undeserving privilege to serve you as President.

On a personal note, I was elected as President of SMA just two days short of my 38th birthday. I am acutely aware that there are many doctors who are older, wiser or have more varied life experiences than me. I value and welcome any advice on how we can together bring SMA forward.

Family Medicine Register. Teleradiology. Aesthetic Medicine. Means Test. Block Funding. Oversupply of GPs. Foreign Doctors. Avian Flu. Flu Pandemic. CME Requirements. Maintenance of Competency. Singapore Medicine. Specialist Training. Dengue. Mesotherapy. Litigious Climate. High Business Costs. The list of issues that concern the medical profession goes on and on.

On the ground, the SMA Council will be launching several important initiatives in the coming months that we think are of relevance to our members. This will include our second survey on Managed Care. This survey will incorporate improvements over the first survey that we did a few years ago. We will also conduct a long overdue survey on GP practice costs – the last one was done more than 10 years ago. We believe these two surveys will give us a firm foundation and informed basis to look into bread-and-butter issues that concern private sector doctors, especially family physicians. The SMA will be working with MOH and CFPS, and taking the lead in some initiatives pertaining to getting private sector doctors geared up and ready for the possibility of a flu pandemic.

The announcement by MOH on 17 April 2006 that Medisave withdrawals are allowed for outpatient treatment of chronic diseases is supported by SMA. So far, much attention has been given to the cap of $300 a year, the $30 deductible and the 15% co-payment. These are important elements of the new initiative. But the most important aspect of this new policy has been somewhat neglected: "continuation of Medisave need to be backed up by regular certification by the doctors that the patients are complying with the disease management programmes". This represents a paradigmatic change in Medisave policy. Hitherto, patients pay for healthcare in terms of treatment received for ailments that have already occurred in the past. For the first time, the patient is empowered to decide and hence be responsible for oneself even as they use their Medisave. We have always wanted our patients to be forward-thinking and this policy now puts a value to this desired patient mindset.

It is premature now to comment very much more on this new Medisave policy except that we are unsure how it will impact on two areas:

a) Many patients now do not seek adequate treatment for their chronic diseases because they cannot afford or do not wish to pay even

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polyclinic charges, while at the same time they do not qualify for social assistance. One is unsure if the health-seeking behaviour of this group will change with this policy, what with the upfront $30 deductible and the 15% co-payment.

b) Because the financial aspects of this policy apply equally to all individuals and to both subsidised and unsubsidised healthcare, one is also unsure if this new policy can help to facilitate right site-ting of care without also a concomitant revision to the current subsidy framework in the public sector.

Financially speaking, doctors, especially GPs are finding it more and more difficult to increase or even maintain their incomes.

But let us take a step back and take note that 80% of Singapore's workforce earns less than $4,000 a month. The vast majority of doctors working full-time earn substantially more than $4,000 a month. There really is no excuse for doctors to try and earn money by less than honorable means.

Gimmicks and fads may enrich some of us financially in the short run; commercialisation may be good for some businesses and create jobs; treating patients as customers may make them happy for a while; but none of these will ensure the survival of doctors in the long run.

For the unfortunate few amongst us who have fallen on hard times through no fault of their own, we as fellow doctors should try to help. With its limited resources, SMA will also do its bit to help. That is why the previous Council had tabled the resolution at the recent AGM that up to 5% of SMA's annual nett operating surplus should be set aside for the SMA Trust Fund to help these unfortunate few. The resolution was passed by the General Membership at the AGM. 5% is not much, but it is a start. If our finances permit, we can consider raising this to a higher percentage in the future.

What is the doctor's response to all this? Simply put, we have to remind ourselves that the patient's interest must come first. This may sound tired and cliché. But it is not. Putting the patient's interest first and getting paid to do so is the one and only long term strategy we have that guarantees our continued relevance and survival, as individual doctors, and collectively as a profession.

Putting the patient's interest first is as much an act of altruism as it is an act born out of self-preservation and economic necessity.

Just the day before the recent AGM, a young, budding politician with a scintillating curriculum vitae was quoted in the press as saying his lowest point in life was when his application to study Medicine in NUS was unsuccessful. My initial reaction was to question: surely for a man so talented, accomplished and driven, there must be more significant issues in life than getting into medical school? But then again, maybe not. This incident is both sobering and also reassuring – it brings into bold relief the gravitas that Singapore society attaches to getting into medical school and being a doctor. It is therefore in our interests and also our responsibility to live lives that reflect and reinforce the enormous value and dignity that Singaporeans attach to the medical profession and individual doctors.

The recent spate of events concerning doctors involved or suspected to be involved in dubious if not criminal activities ranging from voyeurism, forgery to even synthetic drug trafficking is to say the least, disconcerting.

We do not have to be saints. But we need to recognise that no one owes us a living and we should not take for granted that the esteemed social standing and adequate remuneration that we enjoy in Singapore will perpetuate without any effort on our part.

I recall a Confucian adage that my late father said several times to me when I was a kid:

"富贵不能淫, 贫贱不能移, 威武不能屈"
<孟子>

Translated, it reads "wealth cannot bewilder one's mind, poverty cannot make one change one's moral integrity, and force cannot seize one's dignity" by Mencius.

In today's context, this would mean we cannot compromise on ethics and principles whether we are rich or poor, and we also cannot yield on matters of right and wrong out of fear for the powerful. There are many grey areas in life, more so in healthcare and medicine. However, it would be a pernicious mistake to conveniently classify everything as uncertain and grey. Many things are still black and white. On matters such as these, the SMA will continue to stand where it always stood.

On 22 April 2006, the seven of us had gathered in the columbarium at 5pm. The shadows were long; long as the memories of those who had come today to remember a good man. We stood there together but really alone in our thoughts of him. A classmate of the deceased – a doctor-turned pastor prepared a psalm and a hymn for the occasion. We were also asked to recall our fondest memories of him. It was a gathering of seven doctors to remember an eighth.

We sat down on chairs a few metres away from where his remains are. I tried to rationalise my thoughts, ration my feelings and engage in banter as men are wont to do when they are trying to look like men.

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We all had many scars from SARS but the one that lingers and sears still must be this one scar.

Exactly three years ago, on 22 April 2003, when I was COO of SGH, I wrote in an email in the deep of the night to a close friend that contained these words:

"Grown men, highly trained professionals, reduced to utter despair. My infectious disease consultant was staring into the case notes, stunned for what seemed an eternity. His Number Two was clutching his head. My medical intensivist Head of Department was holding back tears. My surgical intensivist Head was just standing there glassy eyed and my junior, an infectious disease registrar had to hand me a paper napkin (she needed one herself actually) and all this with bloody N95 masks on. Chicago Hope and ER cannot even come close."

These words described the scene on 22 April 2003, in the SGH Neurosurgery ICU in which resuscitation efforts for vascular surgeon, Dr Alex Chao, had been unsuccessful a few hours earlier. He was 38 and died of SARS, leaving behind his mother, his wife and his two very young daughters.

The survival of medicine has always involved some measure of sacrifice by its practitioners. ■

23 April 2006