

By Dr Wong Chiang Yin, SMA President

The Elemental Core of Medicine

The SMA is the largest voluntary assembly of doctors in Singapore. We have some 4,600 members, who year-in, year-out take out their cheque books and pay us subscription. The subscription rate is \$160 a year for full members. We do not have automatic credit card deductions or GIRO. Therefore, the most natural and easiest option is for each doctor to do nothing – and as each subscription goes into arrears, the membership lapses. But this is hardly the case and each year, thousands of doctors willingly and actively take the effort and incur the expense to renew their memberships.

They do so because SMA remains relevant but not self-serving. When my friends and I first organised the first House Officers' Seminar 11 years ago as young MOs, I was asked by a very senior MOH doctor, "Is the SMA a union?" I replied, "The SMA is not here to unionise doctors. We are here to unify the profession." For the record, the SMA is a registered society, not a union.

A union is usually self-serving. A professional society like SMA has to stay relevant but not self-serving. The two are quite different. Some years ago, the SMA published a position paper on Night Polyclinics. Our stand was that SMA was unable to support it. The relevant authorities then did not appreciate our position very much and thought that the SMA leadership was a self-

serving bunch. Now, the night polyclinics' service is history.

Three years ago, the SMA was asked to recommend some medical schools that conferred degrees we thought were worthy to be included in the list of basic medical degrees registrable with SMC. We actually recommended over 20, which included four top medical schools from an Asian country for inclusion. We recommended them on the basis of the quality and reputation of their programmes, their familiarity with English and the benefits their well-trained graduates can bring to our healthcare system. Unfortunately, the relevant authorities did not accept SMA's recommendations for these four medical colleges to be included. We must be one of the few if not the ONLY national medical association in the world and voluntary professional organisation in Singapore that appears to welcome foreign competition more than the regulators. So much for some detractors saying SMA is self-serving.

But I must make clear that SMA thinks foreign competition is good for the profession provided the competition is on a level playing field, the competition has skills that we can learn so that healthcare here is enriched and patients' interests are best served. Foreign doctors should not be here just to fill up the ranks in a situation where local medical



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manpower is mal-distributed by design or neglect.

While SMA stays relevant in tint and tone to its members, SMA must also be relevant to Singapore society at large. Indeed, the medical profession as a whole must stay relevant to Singapore.

There is great expectation in medical science as discoveries and breakthroughs continue at a breathtaking pace. But concurrent with the brimming hope found in medical science is an atmosphere of self-doubt amongst its practitioners. We are at once overwhelmed and out of focus. And we need to address this self-doubt and self-pity at once with vigour and incisiveness.

The medical profession has endured as a venerated institution because it has enduring values and committed members to embody and amplify these values. Medicine is a calling. That is why we seldom say that to succeed as a doctor, one must be driven to succeed. We usually say the doctor is a success because he has responded to his calling to be a doctor. Investment bankers, lawyers, entrepreneurs have to be driven. Doctors have to be called. The medical profession is the closest secular thing you have to a religious order and there is a fundamental difference to be driven and to be called.

Every year, some 2,000 of our brightest Junior College students apply for entry into NUS Medicine. About 10 to 15% make the cut. Many others, especially the richer ones, continue to answer this call by going overseas. Medicine as a profession continues to have incredible draw on our youth.

The pool of talent in Medicine is simply quite mind-boggling. There are some 300 to 400 officers in the elite Administrative Service – the driven scholars and clever folks that devise policy that determine our lives. There are more than 6,000 doctors. I would like to think that man for man, woman for woman, the top 10% of the medical profession is not any less capable than the Administrative Service. Deducting 400 from these top 600 doctors, we still have another several more from the top 10% to run for Parliament, with an unusual preference given to ophthalmologists, of course.

For the record, I was never a very good medical student. I was a below average C and D student in NUS.

The Medical Profession in Singapore can continue to thrive as it did and attract the finest only if we can inspire Singapore society with our values. And it is here that we cleave medicine to

its own marrow. Does medicine endure because of its technology or its values? Technology changes but values endure. Values such as empathy, sacrifice, compassion, respect for life and dignity for all. We enshrine these values in our various codes of ethics and professionalism. But these codes and values are but mere manifestations of that something that is far more pervasive and powerful. In our current emphasis on political correctness, scientific rigour and market discipline, the medical profession has lost sight of its one most priceless foundation and purest ideal: the morality of medicine.

Medicine, at its elemental core, is a force for good. And for as long as medicine is such, we doctors will continue to be relevant to society at large.

That is why medicine continues to somehow capture the imagination of our young men and women, year after year. Despite a mature and diversified economy that now affords far more opportunities and better paying career options, many still want to be doctors today. Despite high school fees, gender quotas, length of study, lack of scholarships, governmental bond, and so on, the call of Medicine rang and continues to ring loud and deep among our ablest.

But now, we are told that as doctors, we must embrace the marketplace and its practices. Some even say that the doctor-patient relationship is now defined by a series of commercial transactions and not by the values of our profession. But I beg to differ. Doctors should master the marketplace but not be entrenched or comfortably ensconced in the market. We must never be comfortable natives of the market but instead we should see ourselves as pilgrims passing through and travelling towards that one higher ideal: The ideal that medicine and the medical profession must be a force for good.

It is an ideal that is at once a fragile construct, a lifelong resolve and also an unfinished work. Yet it is an ideal that continues to speak forcefully to the brightest in our society, calling them to join our ranks and in doing so, preserve the profession's virtuous cycle of renewal in strength.

Finally, it is an ideal that will endure and prevail only if the spirit of the current generation of doctors likewise endure and prevail. This is no time for us to be saddled with self-doubt of what medicine is fundamentally about or wallow in self-pity on how far the profession has fallen from the ideals it must uphold. We have to believe and live out again that medicine, at its elemental core, is a moral force for good. And the hour to do so is now. ■