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C O N T R O L

What is within and beyond us

The haze came back in 2006. PSI surged past 100 on quite a number of days in October. I hope that when this issue of *SMA News* reaches our members, the haze would have receded and Singapore would enjoy clear skies again.

I remember it was about nine years ago, when I was a MO in Ang Mo Kio Polyclinic, that the haze reached epic proportions in Singapore. PSI had risen beyond 200! The polyclinic was packed with patients suffering from haze-related disorders. The Ministry of Health equipped the polyclinic with extra nebulisers during the period to cope with the increased number of patients with breathing problems. I remember on one of those dreadful days, I saw a record 105 patients.

I also remember quite distinctly that the haze was so thick then that we could not make out buildings that were only about 100 metres away (including a relatively large building such as a cinema) from the windows of our consultation rooms on the second floor. It was not just the haze in the air – our windows were coated with a thin layer of ash. The entire island was shrouded in a surreal and eerie white cloud.

The haze is a reminder that some things are just beyond our control. Singapore cannot really prevent or effectively counter the root of the problem on its own. We can institute measures such as staying indoors in air-conditioned rooms, getting more nebulisers and so on, but we all know that these measures

do not address the root of the problem – huge fires started elsewhere by people at places beyond the confines of what we can control.

An article on changes to SGH key appointments appeared in *The Straits Times* on 17 November 2006, “Big surprise for docs as SGH picks ‘outsiders’ for key posts”. It dwells on an issue along the same lines which several disenfranchised specialists in a public hospital called me about some time ago. One of them had spent his entire life in this august institution and was very vocal. He told me that several key positions were changed without consultation with the senior doctors. The administration just executed and announced the changes after clearing with the management committee and board of directors. He said that the medical board had lost its autonomy.

The fact is, unlike the members of the medical board of a private hospital (who are all elected), the members in the medical board of a public institution are mostly appointed. Appointments can be made with or without consultation with or support from the grassroots. I did not have the heart to tell him that if he had read the fine print, there was never organisational autonomy in the first place. There is at most, limited or conditional clinical practice autonomy, which is about as good as it gets.

Should doctors lose heart over this? The two are quite different: formal management positions (medical or administrative) such as CEOs or chairmen of divisions are deployed



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almost instantaneously top-down. Leadership is built slowly from bottom-up and more often than not, informal. It is very fortuitous if both management and leadership of an organisation consist of the same persons. But it is not unexpected if the two look very different.

Management is found in offices and organisational charts. Leadership is found in doctors' lounges and canteens where doctors naturally gravitate to their leaders for technical instruction, professional guidance and inspiring leadership. Where management ends, leadership begins. For example, management has to put in place human resource policies and practices, but only leaders could have convinced their colleagues to risk their lives during SARS. Leaders have willing followers, managers have paid subordinates. That is why we can parachute managers with leadership qualities into an organisation, but not leaders. Leaders have to win their followers through ability, humility and integrity, one person at a time.

Former CEO of SGH, and now Cabinet Minister, Dr Vivian Balakrishnan, gave his take on leadership in a speech to unionists about one year ago:

“At 2 am this morning, a close friend sent me a most pertinent email. He claimed that a certain VVIP had told him that leaders are developed in two institutions – the trade unions and secret societies.

Consequently, I have spent several hours mulling over the question of why trade unions and secret societies make such fertile grounds for leadership.

One reason is that in both these organisations, you are amongst your peers – it doesn't matter whether you call each other comrades or 'brothers'. Rank is not conferred. You can't just order people around. You have to earn respect, and you do so by action – not mere words.

A second reason is that you will spend many years together – and it is impossible to pretend to be who you are not for such a long time. Time also provides experience both for the leader to hone his judgment, and time for the followers to assess the outcomes of the leader's decisions. This ensures integrity, builds competence and develops a bond of trust.

A third reason is that both trade unions and secret societies are dealing with bread and butter issues, not airy fairy philosophies. The livelihood of our people is at stake. This is not a mere debating society.”¹

It is quite obvious that leadership of the medical profession is not too different from

unions and secret societies: leadership is found in relationships developed over time, not in organisational charts, job descriptions or parachuted personnel.

Yet another doctor wrote in recently to SMA, complaining about the sky-high prices for clinics in some private hospitals. I was told that prices have soared as high as \$3,900 p.s.f. for a leasehold property! And the people who seem to be driving up the prices were, well, the doctors themselves. This is not dissimilar to the situation when GPs made ever-increasing bids for shop space in new HDB towns. I remember the shockwaves that were made in Singapore when HDB estate clinic rentals first exceeded \$10,000 a month. Well, it was not too long before rentals exceeded \$20,000 for the first time a few years later. But rising rentals and prices for clinic space in a private hospital are almost solely the result of transactions between doctors.

Recently, SMA received several complaints about a managed healthcare company not paying promptly to GPs. The company was in arrears commonly by up to six months or longer. Some of these GPs have withdrawn from this managed healthcare scheme. They have exercised personal control over the situation. The SMA Private Practice Committee will also try to speak to this company concerned, to find out more about what is happening in this company and whether patients' and doctors' interests are adequately safeguarded.

Another year is fast coming to an end. I must confess that the year has passed quickly for me. The rains will come, the haze will go away and we will see clearly again. But unlike this physical haze that will surely come to pass, the haze that sometimes exist in our minds takes far more effort to disperse, though paradoxically, we ourselves let the haze be there in the first place.

Here's hoping that for 2007, we will have clear skies both over Singapore and in our minds. Because cliché though this may sound, on a clear day, we can really see forever. ■

Reference:

1. *Speech By Dr Vivian Balakrishnan, Minister for Community Development, Youth and Sports and 2nd Minister for Trade and Industry, at the Ong Teng Cheong Institute Graduation Ceremony, 12 November 2005, at NTUC Auditorium, NTUC Centre, <http://stars.nhb.gov.sg/stars/public/>*