By Dr Wong Chiang Yin, SMA President

Black, White and Grey

As we grow older, things are less frequently black and white. Grey predominates more and more.

Recently, the SMA received a letter from an anaesthetist claiming that there is a group of surgeons in town who are running a referral fee scheme. I do not know if there is any truth to this scheme or if the scheme actually exists. But according to the letter, the scheme looks simple enough – the surgeon group demands 10% of the anaesthetist's fee for every patient that this surgeon group refers to an affiliated anaesthetist. The traditional practice for an operation would be, for example, a surgeon charges $4,000 and the anaesthetist charges $1,000. The patient pays $5,000 in total to the two specialists.

Under the new scheme, the patient still pays $5,000 and is no worse off. The patient still thinks that the surgeon gets $4,000 and the anaesthetist gets $1,000. But in actual fact, the anaesthetist only gets $900 and $4,100 goes to the surgeon group.

On the surface, the patient is no worse off *financially* because in either case, he pays the same amount – $5,000. But medicine and healthcare are not just about financial well-being. The ethical consideration behind referrals is that the first doctor (Doctor A) makes a referral to another medical colleague (Doctor B) based on the belief that Doctor B is able to provide expertise and quality of care that Doctor A thinks is best suited for this patient.

A referral should not and cannot be made on the principle that Doctor A benefits more from referring to Doctor B than to Doctor C or D.

But does this mean that there is no place under the sun for this surgeon group to exist? I hardly think so. Indeed, a surgeon group such as this can exist to create synergy and economies of scale. A large surgeon group can effectively market its services to the region and contribute to the cause of making Singapore a regional medical hub. Such efforts entail costs and the surgeon group is perfectly entitled to recover costs with a suitably reasonable mark-up from others who benefit from its efforts, whether they are anaesthetists, GPs or even other surgeons. But a doctor or a group of doctors (or even a company formed by a group of doctors, philosophically speaking) cannot be compensated by another doctor just for the simple act of making a referral and nothing else. Compensation or fee-splitting must be based on work done and resources consumed, and not just for writing a referral note. Perhaps a large surgeon group can consider hiring their own anaesthetists. Then, the group can pay their anaesthesia employees at rates pre-agreed between employee and employer and obviate the need for any fee-splitting.

I know of at least one case of a specialist who was suspended by SMC for six months many years ago because he was purported to have offered kickbacks to GPs who referred cases to him. This case does illustrate the seriousness of how SMC views

Page 5 ▶

Dr Wong Chiang Yin is the President of the 47th SMA Council and Chief Operating Officer in a public hospital. When not working, his hobbies include photography, wine, finding good food, calligraphy, going to the gym and more (non-paying) work.

◀ Page 4 – Black, White and Grey

fee-splitting or kickbacks from referrals between doctors.

***

Recently, there has been some lively discussion in the press about who should or should not perform certain 'trademarked' procedures on the vagina. This is really a technical issue and best left to people who are well versed in this subject. But what is of greater concern is that the performance of such trademarked procedures is predicated on compliance with certain confidentiality clauses or non-disclosure agreements.

As a general principle, the practice of medicine is richly based on principles of objective scientific inquiry. The furtherance of the scientific cause must require doctors to allow their results and complication rates to be made available to peer and patient scrutiny, even if the exact procedure is kept (albeit regrettably) confidential. In addition, there are provisions under the Private Hospitals and Medical Clinics Act that allow for audit. Doctors who participate in such trademarked procedures should still be prepared to allow their results and complication rates to be examined by peers even without the forceful arm of the law.

In addition, there was some debate on whether such non-disclosure agreements are ethical or not, in particular, whether they comply with the Hippocratic Oath. In any case, we are not bound to the Hippocratic Oath but the SMC Physician's Pledge and the SMC Ethical Code although I personally think we should still subscribe to the relevant parts of the Hippocratic Oath in spirit.

Singapore doctors who participate in such non-disclosure agreements must fully satisfy themselves that these agreements are in accordance with the ethical standards of the medical profession as well as the requirements of the law. If the doctor is in any doubt, then he should not offer services that are bound by such agreements or participate in them. Leaving such issues to be dealt with by the other party (the originator of the procedure) to a non-disclosure agreement and claiming to be not in a position to comment on the ethical position of such non-disclosure agreements (when one is already bound by it and offering the service) when questioned is not exactly what I would call a prudent practice. In the first place, one should not offer any service or treatment if one is not sure if the arrangements supporting the service or treatment are completely ethical or not.

***

In December last year, I finally found the time to go and get my partially-torn left medial meniscus excised. I did not find very senior or celebrity doctors to do the job. Instead, I found two classmates working in the same hospital as I do to work on me: a 38-year-old orthopaedic surgeon and a 36-year-old anaesthetist. I have enough faith in the training that had been given by our local medical school and public hospitals to us as well as the professionalism of my two classmates to do the job. I am happy to report that the operation went smoothly and I am as well as can be six weeks post-operation.

Last week, I had dinner with these two classmates. Over dinner, I reiterated my slight displeasure to them: "Why did the two of you waive your professional fees? My employee medical benefits would have paid for the fees anyway and I would be none the worse off even if you took the professional fees. The hospital is paying, not me. You *should not* have waived."

They both shook their heads. The surgeon said: "It is not the money, it is the principle." The anaesthetist commented: "This type of money cannot take."

These two classmates of mine are not well-paid by specialist standards. I am proud to have them as classmates, both for their skills and their principles.

The slip in our ethical standards is like the proverbial boiling of a frog. The temperature of the water is rising slowly and surely – imperceptible only to the frog until it is too late and the frog is pretty well-cooked. A frog is so because it is cold-blooded.

Most of us start out knowing what is black and white, with very little grey intercalating. Over the years, the grey inevitably creeps in. Some of us live with this, but thankfully, most of us do not acquire the comfort for grey. Unfortunately, a few morally malleable amongst us become entirely at home with it. Yet a few mislead themselves to think that grey is white. Worst of all, for the ethically decrepit amongst us, things come full circle – there is no more grey and black becomes white. ■