By Dr Jeremy Lim, Editorial Board Member

Buying into Academic Medicine

Academic medicine is an issue that has preoccupied my mind for quite a while now. In an earlier In-Sight article[1], I emphasised the central role of academic medicine in the value proposition of the public sector, but I am not so sure now. Perhaps despite our assumptions of the lofty aspirations of public sector doctors, the vast majority simply want to do their best for their patients and go home at a decent hour. And for them, academic medicine may be a bane rather than a boon for at least two reasons.

'ACADEMIC MEDICINE PLEASE, BUT ONLY AFTER PUBLIC HEALTHCARE'

It is clear that the priority of the public sector is public healthcare. The banner that hangs proudly in the College of Medicine building where the Ministry of Health (MOH) is headquartered still highlights the national aspiration of being the "world's most cost-effective healthcare system". The pursuit of academic medicine thus adds to, rather than substitutes, the public mission. It should be noted that the phrase 'pursue medical excellence' has entered into the mission of the MOH but nothing has been taken out. As one disgruntled clinician said icily to me: "If academic medicine means coming back on Sundays to do research and write papers, I'm not interested."

'ROBBING PETER TO PAY PAUL' OR TAXING SERVICE TO PAY RESEARCH

The second concern is the financing of research and education. I attended a meeting recently where a participant sharply focused on how research grants do not currently adequately cover salaries and overheads, concluding that academic medical centres in the Singapore context would have to increase service or care delivery revenues and margins to cross-subsidise research and education. I left shaking my head, wondering why any clinician whose emphasis is 'service' (as opposed to research or education) would want to stay in the public sector and work harder than ever so as to fund a researcher's salary and laboratory expenses. And if the workhorses (or 'cash cows' as they really should be called) leave…

WHY ACADEMIC MEDICINE CAN WORK – THE GLIMMER OF HOPE

Perhaps the average clinician may reasonably ask: "What's in it for me?" This is a difficult question to answer, but the answer is key to the success of academic medicine. There are in my mind three issues that need to be articulated clearly[2]. The first is an unequivocal position that academic medicine is not about research but better patient care. The former strengthens the mission of better patient care but it is not the mission. Patient care is, and all public sector clinicians need to accept and embrace the notion that the research going on in their hospitals, while costly, is worthwhile for the improvements it enables in the care of their patients. The corollary is that it is incumbent on researchers to always be mindful of their 'debt' to their patient-facing brethren and strive to show the significance and value of their work to the immediate challenges

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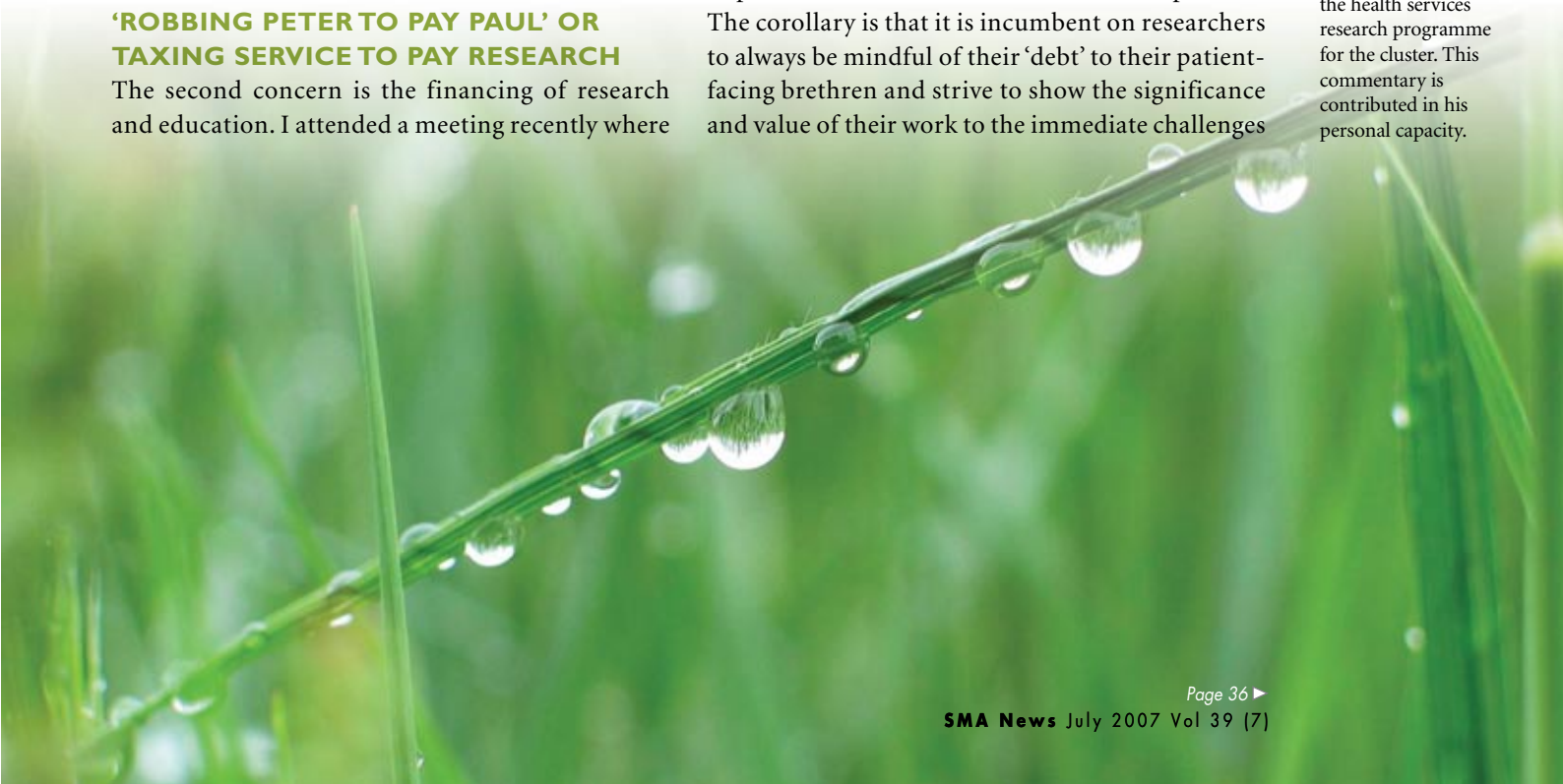

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that clinicians face in the wards and in the clinics every single day. The bedside as the starting point of research is also necessary so that research is about a 'problem looking for a solution, rather than a solution looking for a problem'.

The second is the need to disabuse the false idea that doctors in an academic medical centre need to successfully juggle service, education and research. It must be perfectly acceptable for doctors to focus their energies on providing the best care they can to their patients with some time spent on teaching and leaving research to others. To respond to my disgruntled friend, academic medicine should not mean coming back on Sundays to do research. It may not even mean research in the conventional sense, but it must mean continually searching for new ways to better care and supporting those who seek to illuminate the way ahead through research.

Finally, ground-breaking research and innovation must be a joint effort. The culture of the organisation is pivotal in this respect; collegiality and teamwork must be more than rhetoric. Clinicians and researchers need to join hands in finding solutions and also join hands in celebrating together the successes that come their way. The pride and sense of significance that comes from being part of a world-class healthcare system and research enterprise are compelling reasons to remain committed despite heavier workloads and lesser pay.

Am I optimistic that academic medicine will resonate with the average clinician? The endpoint of better patient care joins service, education and research and is the glue that will bring together clinicians, researchers and educators and bring out in the clinician the researcher and educator. ■

References:

1. ***Academic Medicine versus Public Healthcare – A False Dichotomy (SMA News April 2007) http://news.sma.org.sg/3904/In_Sight.pdf***
2. ***The powers that be are already starting to put in place systems to fully fund research without need for extensive cross-subsidies from service provision and we continue to hope.***