By Dr Wong Chiang Yin, SMA President

Doing the Right Thing

Dr Wong Chiang Yin is the President of the 49th SMA Council. He is a hospital administrator and also a Public Health Physician. When not working, his hobbies include photography, wine, finding good food, calligraphy, travelling and more (non-paying) work.

As a young doctor years ago, I was guilty of some bad practices. This included taking the sloppiest of consent from patients. The entire process would be as short as uttering in some Chinese dialect to an elderly patient, "Uncle, you need to go for operation. Sign here". Then I would pass the pen to the patient and motion him to sign on the dotted line. There was no explanation on the benefits and risks of the operation, or alternatives to the procedure being offered to the patient. Actually, "offer" is probably a misuse of the word because the process was more of a-matter-of-fact instruction for the patient's compliance (to sign the consent form). From my experience, I think more than 90% of the patients would unquestioningly and dutifully sign or put their thumbprint onto the consent form.

Implicit in this experience is that doctors were figures of authority and can be trusted to "do the right thing" for the patient. Doctors are still figures of authority in our hospitals, although the "power distance" has diminished significantly between the doctor and the patient as the latter is becoming more educated and demanding. This is a fact of life and we cannot and should not return to a Neanderthal style of consent-taking.

But trust is another thing. Can doctors be trusted to do the right thing? What is the right thing? In the wake of the fiasco over Lehman mini-bonds and other sophisticated financial products, banks were instructed by the Monetary Authority of Singapore to "do the right thing" and pay people back money in cases where such sophisticated financial products were inappropriately marketed and sold to folks who obviously could not understand their intricacies. In other words, the banks were asked to "do the right thing" to right a wrong.

This is not mere moralising – there is a force in realising what is the right thing to do. Some customers who bought these products were indeed paid back in full or in part recently.

Truth be told, there are many cases where folks will not get any of their money back. I personally know of folks with medical degrees, economics degrees, those who are senior management of large companies or professionals who bought these products. These are people who "should have" known of the risks of the products that they had bought because they are highly educated.

Many of them trusted their bankers and wealth managers without reading the fine print and exhaustive list of conditions that come with the documentation of these products. And even if they did, I wonder if they would understand. For example, it is unlikely that a doctor, without a proper education in finance and economics would have understood the terms even if he had bothered to read them. But a doctor is unlikely to be cast as an uneducated or uninformed, risk-averse person who would benefit from "money-back" arrangements.

In the case of the financial industry, "transparency" and "disclosure", the supposed bulwarks of a free-market economy, did nothing to protect the man-in-the-street. The old logic went like this – we must disclose to our potential clients and customers of all the possible risks, and the

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information gleaned from this act of transparency will empower them to make the decision that is in their best interests. The pervasiveness of this "customer empowerment" rhetoric has also extended to healthcare. As long as we disclose to them our charges beforehand in a transparent way, patients can make an informed decision whether to seek medical help from this doctor or not. It is this same sort of logic that led to the thinking that Singapore did not need a guideline of fees – to have a guideline was to be anti-competitive, and its removal is to be welcomed.

But if we look at the finance industry's examples, thousands of people have lost hundreds of millions. "Disclosure" and "transparency" are not sufficient – they do not amount to doing the right thing. Instead of empowering the customers, disclosure and transparency was a crutch – to enable these financial institutions to punctiliously claim that they have been responsible, done all they should have had and walk away from redress until the government stepped in to right such wrongs. In Singapore, the Monetary Authority of Singapore stated unequivocally that banks should "do the right thing"[1] and make right past wrongs. Such wrongs have been committed in supposedly sophisticated market economies like Hong Kong and Singapore. One must question if we may have confused sophistication with sophistry.

In the years that I have been a doctor, I have seen consent forms go from a simple two-liner to the very comprehensive and elaborate documents they now are; complete with an interminable number of caveats and provisos. Is society better off with such a trend? Is the patient better off? Or does this serve only to better protect the doctors and the hospitals? My personal feel is that such effusive wordage in our consent forms is no substitute for a doctor spending some time explaining in reasonable detail and simple terms what a procedure entails to the patient. Otherwise, we are just practising defensive medicine, relying on the prolixity in our consent forms to give "full disclosure and transparency".

Patients expect their doctors to explain difficult issues to them because they trust us. But trust is an unusual resource and not unlike bank credit. As the fallen titan of Wall Street, former CEO of Lehman Brothers Richard Fuld, put it before this financial tsunami happened – bank credit expands arithmetically but shrinks geometrically[2]. Trust is no different. Whatever trust the medical profession has built up over the years with the Singapore public can be lost rapidly if the profession engages in shadowy practices. In fact, some may argue that since, unlike bankers, doctors are under oath to do their best for their patients, trust is lost even faster than bank credit when we fall short of what is expected of us by society. Admittedly, there will always be black sheep but they must be kept few and far in between.

We need some disclosure and transparency. But "transparency" and "disclosure" are not excuses for hospitals and doctors to arrogate responsibility. More importantly, we will always need a heavy dose of trust to cement the patient-doctor relationship. Notably, a patient's trust is vacuous unless it is reciprocated by strong ethical standards and professionalism by his doctor.

Really then, we really need various elements to make medicine work: first – trust in the form of a healthy patient-doctor relationship, and then ethics, professionalism, disclosure, transparency and some free-market practices.

With regard to safeguarding public and patient interest, we really have two schools of thought. On one hand, it is the pure capitalist (or as George Soros puts it "market fundamentalism"[3]) model of disclosure, transparency and unbridled free-market practices.

Conversely, others recognise that healthcare is not a perfect market due to information asymmetry. The doctor always knows more than the patient, at least with regard to medicine.

To address the information asymmetry, we need trust between doctor and patient that is built on the bedrock of strong ethics and professionalism. That is, we need to always "do the right thing" within the context of the doctor-patient relationship.

Of course, when all else fails and the black sheep amongst us do fall markedly short of doing the right thing, there is the law to regulate ALL healthcare stakeholders, DOCTORS INCLUDED. Yet, one cannot help but notice that where there are good ethics and professionalism, there is usually good rule of law although there is probably little need for the strong arm of the law to be felt by doctors or patients. However, when there is good rule of law and a free market economy, there can still be widespread poor professionalism, unethical behavior and decay in trust. Look no further than the floundering financial sector in the United States. ■

References:

1. ***The Straits Times, 18 Oct 2008***
2. ***The Economist, 22 Jan 2009***
3. ***The Crisis of Global Capitalism, (1998) by George Soros***