By Dr Wong Chiang Yin, SMA President

Stay Engaged

This incident happened quite a few years ago when I was working in a large public hospital. The hospital was not performing well financially and though this may sound unbelievable now, it actually suffered from a relatively low occupancy rate. My boss, a surgeon by training, decided to meet each clinical department to explain to them the situation the hospital was in and also to hear from these departments their concerns and requests. These meetings happened twice a week after working hours and often lasted late into the evening.

The department we met that day was a surgical department that was surprisingly losing money. In a large hospital like ours, not all departments can or should make money. Some will make a profit and some will lose money. But this department was of the sort that should have at least broken even; yet it was losing money. One of the reasons given was that the department had just built a standalone centre and the fixed costs of having a standalone centre were simply too high.

The Head of Department explained that sometimes, surgical procedures were "down-coded" to save the patients' money. For example, cancer survivors have to come back annually for follow-up diagnostic procedures to ascertain if the cancer is still in remission. They had been taught by "Prof" in the past to code the procedure at Table 1 and not Table 4 to save the patients' money, because many a time, these cancer survivors cannot afford to have these repeat diagnostic procedures at Table 4 prices. The Head added this had been common practice in the department for quite a few years.

"Prof" was and still is a giant in medicine. He had almost singlehandedly built up his specialty and trained generations of specialists, including the then-Head of Department. But more importantly, he was humble, temperate and hardworking; he displayed all the virtues one would expect of a Confucian scholar and is often regarded as the "Father" of his discipline.

After the Head of Department had spoken, Boss spoke. Boss said that a public hospital essentially had only two sources of income. The first source was from government subsidies and the second was money obtained from patients. The act of down-coding was actually wrong because it deprived the hospital of revenue. He said he believed strongly that doctors should not deprive hospitals of its money. If the patient could not pay, he should be referred to the medical social worker and the doctor should not take it upon himself to down-code. Boss added that if the doctors wanted to decrease the size of patients' bills, the only part of the bill the doctors could decide not to collect was the doctor's professional fees, in the form of waiving their procedure or consultation fees.

Page 9 ▶

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.

◀ Page 8 – Stay Engaged

An awkward quiet fell over the room after Boss had spoken. I looked at Prof seated at the corner of the table. He was inscrutable. The meeting ended shortly thereafter, late into the evening.

I returned to my office and slumped in my chair, troubled by the events that I had just witnessed. After a couple of minutes, I got up and went into Boss' office two doors away. I don't recall if I even bothered to knock before entering his office. He was seated at his table clearing some paper work. I slumped into a sofa chair again and made one of those career-limiting speeches I am known to make periodically, "You know, I feel like sh*t now. Here is the man, Prof, who spent his entire working life in the public sector building up the specialty, the department and treating people who were poor and could not afford private healthcare. He could have quit and left long ago and made his millions. But no, he decided to stay here and now, only now, when he is near the end of his career, he had to hear from young punks like you and I (Boss was a few years older than me), who were his students, that all he had believed in and done all this while was wrong? What gives us the right to tell him that? I really feel like sh*t now."

After a few moments of silence that was pregnant with angst, Boss replied softly "I feel like sh*t too. That is why I would rather people like you and I are in charge of this hospital and not others." He had a slightly pained look on his face – his eyebrows raised medially in his trademark way. I returned to my room, slightly encouraged by his remark, but the angst unremitting. The "system" had been defended successfully – transparency, financial accountability and adherence to policies. But all of us ended up as well-meaning losers that evening – Prof, the Head of Department, Boss and I. Maybe the only winners were the hospital and the state that owned the hospital. One can also argue that eventually, the taxpayer won, because for every dollar more the patient paid, the taxpayer paid a dollar less. But that evening, the taxpayer was a very abstract and distant figment of my thoughts.

That incident taught me a few things. Firstly, the all-powerful "system" was actually a very fragile one – it depended on not just automatons enforcing policies, but on people in leadership positions who understood that policies have to be followed and yet have the presence of mind to see the big picture. Secondly, life at the top or near the top can be pretty lonely and thankless. That evening, we were all folks trying to do thankless jobs, whether as clinical heads or as hospital administrators. Thirdly and most importantly, someone has got to do these thankless but very important jobs, and some of these jobs that doctors have to take up go beyond seeing and treating patients.

There are many who would come to you bearing seductive arguments like "doctors should just concentrate on seeing patients and leave the rest to us. We will relieve you of all these other onerous duties. You just need to get us more patients and grow the business. No doctors, no business." Such talk feeds our ego and is deceptively reassuring. In fact, such arguments marginalise doctors into pockets of ever-diminishing relevance. A commonly-used hospital management term in the USA is "physician engagement". The term is positive-sounding – hospital administrators should engage the doctors. But implied in that term is that doctors have already been marginalised and now they need to be engaged. There is no need for physician engagement if doctors are already in the thick of things, not just in the wards and clinics, but in hospital boardrooms and committees as well.

Leading medical professional bodies are also thankless jobs. The SMA is no different. After more than a decade in this line of work, I take it that no news is good news. I tell newer SMA Council members that even if they think they have done a good job, they should not expect congratulations and gratitude from others. In fact, you can conclude that you have done a good job if no one steps forward to criticise or complain. That is not to say that no one has come forward to show their appreciation for the work that I have done in SMA. There have been many and their kind words have been most appreciated. But I must add that such acts of encouragement are a bonus. Ultimately, someone's got to do the job and if it is better that you take it on and not someone else, just do it. Because the bigger picture is that doctors and the medical profession must always stay engaged in all major aspects of healthcare. For the patient's sake, we cannot afford to become marginalised.

Another year has passed us by and another SMA AGM is drawing near. This year, like those that preceded, we have eight well-meaning doctors stepping forward to serve in the SMA Council. I hope more SMA members can turn up at the AGM, to show them support and appreciation. ■

ERRATUM

In the February 2009 issue, the last paragraph of the President's Forum was printed as "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." The words in caps should be in lower case.