

By Dr Chong Yeh Woei

Unconventional Leadership

Running a medical society like the SMA is likened to leading an orchestra. Our job is not to command and control but rather to protect, support and inspire our members in their professional lives.

I am very privileged and honoured to be elected as your President and I hope to fulfil the trust and faith that you have vested in me. I have served in the Council for slightly more than a decade and I have seen the array of issues and problems that have come our way since then.

I trawl through my recollections and remind us of some monumental events like profit guarantees, night polyclinics, managed care, GP surveys, Guideline on Fees, dispensing rights, UMP indemnity crisis and SARs. With the valuable experience that we have gathered, we have to anticipate and look to the landscape ahead of us.

By the time this appears in the newsletter, the SMA would have issued

the Managed Care Advisory and we would also have circulated the long list of questions asked by the Competition Commission of Singapore (CCS) with regards to the Guideline on Fees. The SMA Council will require your input in order for us to provide the appropriate answers to the commission. These will be critical to our evolving landscape of medical practice.

Yet other issues that I have identified that are looming on the horizon are the commoditisation of medical procedures, soaring cost of practice, corporate debts of healthcare companies, the change in charging norms and the liberalisation of Medisave funds to be used abroad. I will elaborate on these topics in my next few columns.

On a more personal note, I was at home having dinner with my family

after the SMA AGM, when I received a message from my medical colleague who is a practising psychiatrist. She was asking me about tuition teachers for her teenage son who attends the same school as mine.

Somehow the topic drifted from the fact that we had no need for tuition when we were in school, to the fact that we are handling and parenting the strawberry generation. The strawberry generation is defined by Wikipedia as such: “the general perception is that these people, having grown in a protected environment and with economic prosperity, are less able to withstand pressure or to do hard work. The term is linked to the fact that persons from this generation are generally supposed to have grown in a protected environment (e.g. being overprotected by their parents), just as strawberries are grown in greenhouses and command a high price compared to other fruits.” In short, they look good on the outside, are soft on the inside and bruise easily.

She further went on to worry about teenage angst and how they had a tendency to go off the deep end, hence the reference to the strawberry generation. She also related about a patient she had just seen, who was a medical student who was having doubts about her career decision. We also agonised over the situation with the late Dr Allan Ooi and the confusion in our minds over the choices that he had made. As parents with teenage children, we could not help but reflect and commiserate with each other over the aspirations, worries and concerns we had for our children.

I found the moment poignant and contrasting as I had just been speaking to a group of students who were keen on a career in medicine. During the conversation, I was struck by the maturity displayed by some of the students. They were brimming with enthusiasm and confidence, ready to grasp the world which was within their reach. I had noticed that quite a few of them were involved in musical activities and this often involved

leading a group of musicians like a section within the orchestra, an ensemble or even the orchestra itself. I recall reading an article years ago that leading an orchestra of creative musicians posed special challenges and needed a different approach to leadership.

I deliberately asked my students about the difficulty they had in managing fellow musicians who were technically better than themselves, in order that the group would play beautifully.

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Most of them remarked that mutual respect was critical and often they had to persuade, influence and cajole in order to move the group forward. Obviously command and control was not something one could use under these circumstances, otherwise the quality of the music made would suffer.

One of the students I spoke to was a captain of a sports team and I asked her about handling players who were technically gifted.

She remarked that handling prima donnas was particularly difficult as they often thought that attending practice sessions with the team was beneath them. She boiled down the problem to the three questions she would ask herself. The three questions were doing what was right, doing what was best and doing what was convenient.

To explain, she said she was doing right if she had told the teacher that the prima donna was absent from the training sessions. She was doing what was best if she spoke to the person and managed to reason with and persuade her to attend the training. The last question on doing what was convenient would be addressed by lying to the teacher that the prima donna had indeed attended training. I could not help but be impressed with the quality and insight of her answers.

Strawberry generation or not, the younger doctors do comprise a large number of our membership. In many ways, running a medical society like the SMA is likened to leading an orchestra. Our job is not to command and control but rather to protect, support and inspire our members in their professional lives. In leading our medical fraternity, we should never flinch from asking the tough questions of ourselves and make sure we do what is right and best for the patient and the profession, and not merely what is convenient. SMA



Dr Chong is the President of the 50th SMA council. He has been in private practice since 1993 and has seen his fair share of the human condition. He pines for a good pinot noir, loves the FT weekend and of course, wishes for world peace...