

SMA's 3 MOST DIFFICULT ISSUES

By Dr Wong Chiang Yin

An independent and responsible SMA helps to dispel apathy and cynicism with both doctors and the public, as well as to contribute to a mature discourse on healthcare issues that our society deserves.

Please bear with me. This will be my longest President's Forum yet, as it is also my last as President of the 49th SMA Council.

When you read this article, in all probability, I would have stepped down as your President a couple of weeks ago; just a few days short of my 41st birthday, after having held office for the last three years. The magnitude of the task and the weight of office were not lost on me in April 2006. Three years later, I am perhaps more bruised, hardened, but no less resolved to the cause of the SMA as I was when I first assumed this high office. On a personal level, I have learnt that to be President, you often have to talk like a Confucian teacher, reflect like a Taoist philosopher and work like a Legalist administrator.

The SMA Constitution provides for a person to be President for up to four consecutive terms, but no one has gone beyond three. I am sticking with tradition. Indeed, when Dr Cheong Pak Yean stepped down as President many years ago, I remarked mischievously that the presidential term limit was put in place not to protect the general membership but to protect the President, because after three consecutive terms, the President would have made enough enemies such that it had to be time for him to go. Jokes aside, I find it immensely satisfying to be able to hand over the helm of SMA to a man of far greater abilities and leadership qualities than me – Dr Chong Yeh Woei. Yeh Woei has spent more than 10 years in the SMA Council and is well-versed with the intricacies of running SMA and is more than well-equipped to lead us forward.

To adapt the opening lines of a biography I read some time ago¹: there are books to teach you how to build a house, how to repair engines, how to write a book. But I have not seen a book on how to lead or run a medical association. Running SMA involves dealing with difficult issues and facing tough challenges. Some of the issues my Council members and I have had to face in the last years are new and topical, yet many are old. Against the backdrop of these challenges and issues, each and every President in the past has had to find a way forward for the Association and himself.

Many of the old challenges are systemic and structural issues. These issues are hugely important yet they may not be apparent to members at large. Some of these issues are also sensitive and do not lend themselves easily to open discussion. I think every Council of SMA has had to contend with them to varying degrees. They remain core issues which SMA members should be aware of and I would like to take this opportunity to highlight them now, in this last President's Forum for the 49th Council.

MOST DIFFICULT ISSUE #1: LEADERSHIP, AUTHORITY, POWER AND THE IMPORTANCE OF PUBLIC CREDIBILITY

The SMA is here to provide leadership to the medical profession. If we do not demonstrate leadership, SMA will have no relevance. Yet, the SMA does not have authority to compel anyone to do anything. It is an association of voluntary members who are doctors. It is not a statutory body with legal authority or punitive powers. In

short, the SMA has the tough job of having to exert leadership without being vested with formal authority or power, unlike for example, the Law Society.

Some think SMA is a "feel good" kind of club that indulges in populist or protectionist talk. But that is not leadership. Leadership is to say and do the right thing, even when the stakes are against you. Sometimes the Council disagrees with some of our own members and sometimes we differ with the authorities as well. Hopefully what we say makes sense to most members even if it renders us unpopular with others. So far, we have walked this tightrope rather decently and each Council in recent memory can account for its actions at each AGM and is not found wanting by the general membership.

The only real form of authority we have is moral authority and the soft power that stems from this. The good news is that moral authority and soft power are not toothless. In fact, sometimes, they are more powerful and pervasive than formal power structures. But moral authority and soft power can only exist when SMA has public credibility.

SMA's store of public credibility has been built up assiduously over the years and is our most important asset. We must be mindful that public credibility and trust, which take years to be built, can be squandered away in an instant by irresponsible actions or if SMA is perceived to be self-serving and putting the doctor's pecuniary interests above that of the patient's.

In summary, SMA must display leadership through the exercise of moral authority and soft power, all of which

requires SMA to have public credibility. In turn, public credibility can only be built up if SMA continues to put the interests of the patient first. Paradoxical though this may sound, SMA stays relevant and advances the profession's interests best by neither being self-serving nor appearing to be populist or protectionist.

I believe this is the most important and difficult challenge that SMA has to continue to face. It will not leave us because of the ethos of our profession and the nature of SMA – a registered society without formal authority or powers. I hope all SMA members will always bear this in mind. They should not do or say things that will undermine SMA's public credibility or ability to exercise moral authority, soft power or leadership.

A whisper from an institution with loads of public credibility is more effective than a shout from an organisation with no credibility.

MOST DIFFICULT ISSUE #2: A MONOPOLY OF DIVERSE INTERESTS THAT IS TAKEN FOR GRANTED

There are several large and reputable medical bodies in Singapore other than SMA. The Academy of Medicine, Singapore (AMS) and College of Family Physicians, Singapore (CFPS) are two of them, and they look after the academic interests of the specialists and family physicians respectively. However, the SMA is the ONLY national medical association in Singapore. While this may seem natural and obvious to many, we must NEVER take this for granted. SMA is a monopoly due to tradition and not by legislation. I have been to and seen quite a few places which have more than one medical association. This usually happens when there is a group of doctors who are disgruntled or disheartened enough to split and form another medical association. The result is a lose-lose proposition for all. The profession is split and no one medical association is strong enough to claim they represent the majority of doctors. Other healthcare stakeholders will then take the medical profession less seriously when the profession is unable to speak with one voice on practice and ethical issues.

We need not look further than our own history. Some twenty years ago,

APMPS (Association of Private Medical Practitioners Singapore) co-existed side-by-side with SMA because at that time, SMA was thought to represent mainly doctors from the public sector. Fortunately, the then-leaders of APMPS had the wisdom and selflessness to dissolve APMPS and join the big Banyan tree that is the SMA.

But we all know that doctors are not a homogenous bunch of people. The profession can be divided up into different groups in several ways: Specialists/Family Physicians/Doctors-in-Training; Public Sector/Private Sector; Local Graduates/Foreign Graduates; Singapore Doctors/Foreign Doctors and so on.

Each of these groups can be further divided into sub-groups. For example, the Public Sector can be split into SingHealth/NHG/MOH; Specialists can be divided into Private Sector Specialists and Public Specialists or Proceduralists/Non-

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proceduralists and so on. The possibilities are mind-boggling. Each sub-group is really a separate interest group by itself. In other words, the medical profession is a collection of groups and subgroups with their own unique set of interests. Some of these interests are good and well-intended. Some, frankly speaking, can be quite self-serving. Some groups' interests may also be in conflict with another group's interests. These often manifest as ugly "turf" issues.

The problem is aggravated by the fact that the profession is getting less homogenous as time passes by. The SMA used to be able to reach out to the vast majority of doctors in Singapore by reaching out to medical graduates from one medical school. The medical graduates share a common undergraduate experience and know each other to some extent. Now, this is no longer possible with more medical schools

being set up in Singapore and with more foreign graduates working here as SMC recognises medical degrees from more and more foreign medical schools.

It is the job of SMA to gather all these groups and subgroups of diverse interests together, and speak with one strong voice. SMA must always capture enough of the large middle ground in the profession and therefore remain relevant; it cannot afford to marginalise any group to the point that a group or groups splinter off to form another medical association. It also cannot allow itself to be captured by a particular group so that only that group's narrow interests are forwarded. We must highlight and build on the common ground that all doctors share and work out or work around the differences amongst us. The nature and traditions of the medical profession are such that there will always be differences within and among us, but let us live and let live and move forward together.

MOST DIFFICULT ISSUE #3: INDEPENDENCE AND UNILATERALISM

This third issue is arguably the most sensitive of all. The SMA is an independent, non-governmental national medical association. Again, this is something that many members often take for granted. I have seen national medical associations that are little more than government organisations, funded by public money and its leaders appointed by the state. There are many such examples in Asia, usually from communist countries or totalitarian regimes. Under such circumstances, the national medical association can hardly be expected to advance the medical profession's or the patient's interests effectively. At the other end of the spectrum, there are national medical associations so fiercely independent that they take to the streets in mass protests and strikes and their Presidents sometimes go to jail for their beliefs. I do not think prospective Council Members of SMA want to go to such lengths to prove a point.

Thankfully, the situation in Singapore is somewhere in between these two extremes. SMA remains independent but it does not practice a dogma of unilateralism. It will cooperate with parties

outgoing president's forum

whenever possible. Some mistake this to be weakness on SMA's part. But we need to understand that if we support what others are saying, it doesn't mean that we are sycophants or stooges. It is because a good point has been made. If we do not believe in or agree with what another party is saying, we will state so. The SMA prefers to state its reservations and objections quietly if given a chance. But sometimes the SMA is only asked for its comments through public channels. Other times, the SMA is not consulted at all. The latest proposed amendments to the Medical Registration Act is one such example whereby we knew about the proposed amendments from the authorities through press releases. We then had no choice but to unfortunately communicate our differences in the open with them as part of the public consultation process, along with other organisations such as the AMS and CFPS. Naturally, the authorities will always decide to communicate with SMA the way they deem fit. In a mature society like ours, we will sometimes have to agree to disagree in an amicable way. The SMA does not disagree for disagreement's sake.

The next question is – to what extent do we voice our reservations when we disagree with the authorities? Should we be grandstanding and vociferous like others? There are two good reasons I can think of that makes me believe such behaviour is unnecessary. The first reason goes back to the first point I made in this article – there is no need to shout and scream if SMA has substantial public credibility. As long as SMA has credibility and the public's trust, it needs only to speak softly. The second reason is that we live in a democratic society whereby fortunately the government is answerable to the electorate every few years. Ultimately, the SMA is not a check on anyone else but only on the medical profession itself. Certainly, the government is ultimately answerable to its people, and not to a medical association. In our case, the SMA merely provides a point of view and the Singaporean public and the government, which has the mandate of the people, can decide what sort of healthcare and medical profession it wants for itself.

Another example is SMA Guideline on Fees (GOF). While the SMA believes

GOF serves a useful purpose, it cannot run or even take the risk of running afoul of the law. We point out the pitfalls and concerns of abolishing GOF to the authorities and hope for the best. But if they do not listen or refuse to discuss the matter with us, then we will take the safer route of withdrawing GOF. Sometimes, there is an apparent change of heart, and we will then take the opportunity and engage the authorities again, as we are now engaging Competition Commission of Singapore (CCS). Sometimes, the Council Members will even dig into their own pockets to finance their convictions, as they are doing so now with the application to CCS for a decision on GOF.

We need to differentiate independence from a dogma of unilateralism. We will not be the lone voice in the wilderness if we do not have to. We will work with others when we can. For example, we work closely with MOH on getting doctors prepared for a future flu pandemic as well as getting advanced specialist trainees to be adequately trained in health law and ethics. We also work with the Singapore Association of Pharmaceutical Industries (SAPI) to ensure there are guidelines to foster a proper relationship between the medical profession and the pharmaceutical industry. We work with the Singapore Dental Association (SDA) to bring you our lifestyle publication, *Sensory*. We also work with the media to educate the public on important health issues. We are in partnership with NUS to raise funds for needy medical students. Multilateralism is preferred to unilateralism whenever possible without ever compromising SMA's independence. As long as SMA members know that with SMA's independence comes responsibility, an independent SMA is ultimately better for all parties concerned in the long run. An independent and responsible SMA helps to dispel apathy and cynicism with both doctors and the public, as well as to contribute to a mature discourse on healthcare issues that our society deserves. Society will be the poorer for it without an independent SMA.

CONCLUSION

These three vexing issues will continue to be with us. They are part of the nature of medicine, SMA, as well as that of Singapore society itself. New and topical issues will

crop up just as they did in the last three years when I have been your President. But whatever these new issues are, as long as we can handle these three most difficult issues well, we will be able to tackle whatever new challenges that come our way.

Finally, I would like to take this opportunity to thank the Council Members of the 47th to 49th Councils as well as the SMA Secretariat staff. I have derived great satisfaction and pride to have been part of these great teams. Sometimes, I wonder if we could have done better or done things differently in the last three years. Undoubtedly we could have. But I think what is important is that the 47th to 49th Council members were here to do the job when the job needed to be done.

"It is not the critic who counts, not the man who points out how the strong man stumbled, or where the doer of deeds could have done better. The credit belongs to the man who is actually in the arena; whose face is marred by the dust and sweat and blood; who strives valiantly; who errs and comes short again and again; who knows the great enthusiasms, the great devotions and spends himself in a worthy cause; who at the best, knows in the end the triumph of high achievement, and who, at worst, if he fails, at least fails while daring greatly; so that his place shall never be with those cold and timid souls who know neither victory or defeat."

Theodore Roosevelt, 1910

Thank you all for having given me this great privilege and honour to lead SMA for three years. I ask for your forgiveness and forbearance for all the times I had come up short. **SMA**

This article was submitted on 4 April 2009

¹ *From Third World to First, The Singapore Story, 1965 – 2000, Memoirs of Lee Kuan Yew. Published by Times Media Limited, 2000. Opening text: "There are books to teach you how to build a house, how to repair engines, how to write a book. But I have not seen a book on how to build a nation..."*



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