

# UNDER SIEGE

*Editor's note:*

The SMA 50<sup>th</sup> Anniversary Dinner was held on 16 May 2009 at The Fullerton Hotel. The Welcome Address by Dr Chong Yeh Woei, President of the 50<sup>th</sup> SMA Council, is reproduced here.

**T**his is the 50<sup>th</sup> anniversary of the founding of the SMA. This is also the year of the Influenza A H1N1 pandemic. Having gone through the initial baptism of fire in 2003, our nation's doctors have once again risen to the occasion. The fear is palpable and at hand, no different from a soldier in a foxhole in real battle.

As one dons the full PPE of N95 mask and gown, goggles and gloves, one is made acutely aware of dangers of the task at hand. The discomfort of that mask on one's face, the heat of the layers of gowns and gloves, the beads of sweat that fog up the goggles at the day's end; surely that has a familiar feel of a full battle order.

Occasionally one remembers a fallen comrade or in my case, there happens to be two doctors who I worked with in my present and previous practices; they

had contracted SARS and lived to tell the tale.

And when one sits in a practice in the heartland and feels one's heart race as Pestilence walks in through the door, it is the training, the professionalism and the resilience that keeps our doctor at his practice, continuing his good work.

Why have they stood their ranks and continued to serve their patients faithfully? Surely the thought of closing the practice, running away from disease and protecting their loved ones did cross their mind. I believe that the answer to this lies in the way that our medical system has evolved. I would like to draw a parallel here.

The SMA is 50 years old and our nation is of a similar age. The medical system of a nation is an important resource as the medical system enables us to deliver a certain quality of life to our people. The SMA is but part of this medical system.

I am often asked by my foreign patients; why is the medical system here so much better than their system back home. They can perceive that the care they receive here contains value compared to what they can get back

home. Value comes in many forms. The responsibility that the doctor has towards the patient, the integrity with which each clinical decision is made in the patient's best interest, the correct choice of the right procedure, imaging or drug to deliver a cost-effective solution to the problem at hand.

I tell them in reply that we have a legacy of a hundred-year-old medical school that provides most of the doctors in Singapore, with a 180-year-old general hospital located at a place known to most of the populace here as Sepoy Lines. Our colonial masters left these institutions to us but our generations of doctors continued to build, persevere and sacrificed to ensure that the legacy fulfilled its true potential.

We are indeed fortunate because coupled with the intellect of our doctors, we have infused the Asian values of deep responsibility to our patients; much like the magistrate or official of feudal past have towards their constituency. This sense of ethics, coupled with the position of authority and the desire to do good; and not to abuse that trust placed in them, has led to our enviable position of a regional medical hub.

One can see living examples of these iconic physicians (many of whom are present here tonight) that have helped us steer through the crises such as SARS and today's pandemic where we all held firm, closed our ranks and did not desert our posts. These iconic physicians have an important role to pass on the medical cultural DNA to our young doctors and these icons should be recognised by society as they personify the values that we want to preserve and transmit in our doctors. We can take a leaf out of the book of the Japanese society who honour their icons and deem them as "living treasures" in order to allow them to continue to transmit the right values.

Having identified the legacy that was left to us and that we have built on, we cannot be lulled into a sense of complacency. As much as we have the right values and system in place, we are also under siege. I talk of the battle between principles that define humanity versus the economic pragmatism. These humanist principles are undermined by crass materialism, economic imperative, changing norms of charging, corporate cultures and commoditisation of medical procedures.

The crass materialism and economic imperatives strike hard at the heart of the values we want to transmit. The god of instant gratification demands that we have the dollar in hand versus the delayed gratification of building a good reputation over many years for the good professional work that one does.

The professional work that we do has a value placed on it; we charge by the work that we do. However I have noticed in recent years that there is a propensity to charge as much as the market can bear. In this situation the charging is not by the work one does but by the percentage of the net wealth of the patient. We are doctors and not brokers, we charge fees commensurate with the work done, we do not charge fees based on percentages.

Corporate culture is yet another disruptive force in our society; we see huge corporate debts run up by healthcare companies for various reasons

**The SMA must stay relevant and lead from a position of what is best for our patients. We must lead from a moral high ground, use soft power and employ influence and moral persuasion to combat these negative influences.**

and eventually these structural debts are paid for by the patient. The corporate persons who run these companies are often not accountable to the patients unlike the doctors who experience the difficulties of the patients up close and in your face. These same corporate persons are firewalled from the liabilities of their actions and are not held accountable.

Finally, the commoditisation of certain medical procedures, drugs, imaging, and therapies disrupt the underlying sense of responsibility, accountability and duty in the relationship between the doctor and the patient. The procedure is commoditised and becomes a pure transaction devoid of the layers of values that we are trying to preserve.

To be fair to the doctors, some of these forces are beyond the control of the doctor. Society is moving towards instant gratification versus delayed gratification, the children of today see how their parents speak to the maids at home and ape the same behaviour, and there is a problem with authority as there is no fear of God or authority in the upbringing. Very often the first brush with authority should be with the parents but instead is with the law or the army detention barracks.

The charging norms are difficult as our SMA Guideline on Fees is now

defunct. Charging for professional services is usual, traditional, customary and most important of all reasonable. These guidelines were useful as they taught the new entrants to the private sector on how to charge and also transmit some of the collective wisdoms involved in the art of pricing.

The rising cost of practice is yet another area of difficulty. The soaring capital values of medical units fuelled by the easy liquidity of the last five years has resulted in doctors chasing the price of medical units in prime locations. Other factors behind the soaring costs of practice include inflationary pressures in the previous year translating into higher wages, drug prices, imaging and laboratory fees.

As for corporate cultures of healthcare companies, this is clearly an area where the doctors have little influence; short of having more doctors who are cross-trained with MBAs and therefore can run these companies with the right culture and values.

What is the way forward then? The SMA must stay relevant and lead from a position of what is best for our patients. We must lead from a moral high ground, use soft power and employ influence and moral persuasion to combat these negative influences.

We must articulate our vision and unite the diverse groups from the GPs to the specialists, from the junior doctors to the foreign doctors and from the public sector to the private sector. We are an independent non-government medical association but must continue to have a good working relationship with the government ministries, statutory boards, civil society, media and the public. I salute our doctors who are standing steadfast in the face of adversity and wish them well in the days ahead. I thank you. **SMA**



*Dr Chong is the President of the 50<sup>th</sup> 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...*