A SADDER AND MORE PAINFUL DAY?

Long term readers of the Hobbit will remember a time when this column was serious and had considerably less humour. But as Hobbit grew older, he got more cantankerous as hobbits are wont to. This month, there are no laughs. Mainly because it's hard to be funny when it's burning at 34 degrees Celsius out there and you have just seen 30 patients in an afternoon session. Not that I am complaining because 30 patients in three hours helps pay the bills in these bad times but nonetheless the funny mojo is not with me today.

Instead, let's go a little down memory lane. Remember the good old days when advertising of any kind by doctors were not allowed? Only hospitals could put up announcements and only very rarely. Overtly congratulatory notes were frowned upon. These were the days before the Publicity Rules and Advertising Guidelines under the PHMC (Private Hospitals and Medical Clinics) Act. Life was easy then – No advertising by doctors. Period. No one complained about doctors misbehaving about advertising because rules were clear. Then we had the Advertising Guidelines which allowed limited publicity activity. The doors opened a little and some peeped through the door. The conservative folks amongst us (Hobbit included) frowned a little. Then we had the Publicity Rules and the floodgates opened in the name of the free market. Tandem with this is the development of aesthetic practices, anti-aging centres and so on, and all of a sudden, all hell broke loose. Then recently, to address all this rampant marketing of unproven aesthetic practices, we had to clamp down on them. The medical profession image took a hit. If we had not opened up the advertising business for doctors, much of this could have been avoided. This is example No. 1.

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Example No. 2 was Subutex. When it was mooted that GPs be allowed to dispense Subutex in quite a liberal way, the College of Family Physicians Singapore (CFPS) actually thought it was a bad idea. But anyway, as things usually go, GPs were allowed to dispense Subutex rather freely despite what CFPS said. The end result was a sad state of affairs with addicts getting their fix from Subutex. A few doctors who dispensed Subutex were then brought before SMC and punished. This could have been avoided if CFPS' advice was heeded. Again, the image of the medical profession took a hit.

Example No. 3. The SMA too was not spared when it had to withdraw the Guideline on Fees (GOF) because the Competition Commission of Singapore

(CCS) refused to talk to SMA on GOF. Its reply to SMA could be best summarised as "I know you (SMA) know that you may be in breach of the Competition Act". This was despite SMA telling CCS beforehand all the grave ramifications of a GOF withdrawal. So SMA had no choice but to withdraw the GOF. In the end, post-GOF withdrawal, anecdotal evidence did suggest that some new specialists did not know how to charge without a GOF and others simply charged more. Some charged a lot more, including tens of thousands for a simple ACL repair or total knee replacement. Some were purported to charge millions. But without a GOF, as SMA had foreseen, who was to say a doctor overcharged? But nonetheless, with more overcharging (if there is such a thing now), the image of the medical profession and Singapore Medicine took a hit.

It would seem that the profession undergoes a bit of a vicious cycle, some of it of its doing, and some of it not. The first part is really not of its own doing. Probably some souls with misguided ideas decided it was good to ape the Western world, like USA. So we had liberalisation of advertising, Subutex prescriptions and the withdrawal of GOF. The medical profession as a whole never asked for such initiatives to be foisted on us. For the second bit, we, or at least some of us, are at fault. We forgot our principles as doctors and sought to exploit the new environment out of greed. These few were punished and gave the profession a bad name in the process and the greater leeway afforded to doctors had to be reversed in a seemingly reactive way.

Now we have the proposed amendments to the Medical Registration Act (MRA). In Singapore's context, I have no doubt that the Bill will be passed in Parliament pretty much unaltered despite the feedback obtained from AMS (The Academy of Medicine Singapore), CFPS or SMA. Again, why are these amendments necessary? Is it because doctors have been very naughty? SMC has failed in its tasks and now needs lawyers to run our Disciplinary Tribunals (DTs)? Is it yet another mindless attempt to ape the Western world like Australia and New Zealand? Or it is a reaction to the number of doctors caught prescribing dependency-causing drugs indiscriminately? Would it not be better to tighten pharmaceutical laws instead of changing the disciplinary process of SMC

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if this is the case? Or is it some reactive attempt to speed up the DT process of SMC? Actually, it's hard to speed up the process when we allow doctors to seek postponement of SMC DT appearances at the last minute. Currently, there is already a whole lot of lawyers present in the SMC process. At the Disciplinary Committee (as it is called now but called DT in the proposed amendments) meetings now, the doctors come with lawyers, the SMC has lawyers, and there is a "neutral" legal assessor. In fact, there are already three groups of lawyers as it were. Do we need a fourth group of legal opinion as Chairman of DT? There are more groups of lawyers going forward in a DT trial than in actual court of law.

One can only speculate quite endlessly why these MRA amendments are necessary. But what is sure is that in the truest sense of the word, self-regulation is pretty dead in Singapore for us doctors. It's interesting to note that the Law Society of Singapore (which is a statutory board with disciplinary powers like SMC) has gone the other way. Its Inquiry Panels (similar to SMC Complaints Committee) requires a layman to meet quorum. But as of last year, the Law Society has removed the requirement for a layman to be on its DTs. If the Law Society only wants lawyers and ex-judges on its DTs and no one else, why should SMC want its DTs to have lawyers, and worse, to chair its DTs?

The move to have lawyers and ex-judges chair DTs is a sad day for the medical profession. We may never know who wanted this. It could be lawyers, politicians, lay civil servants or doctors even. Some have said to me that if this move was first mooted by doctors, then these people have betrayed the profession. I would not call this "betrayal". Betrayal is too serious and diabolical a word. But if indeed it was started by one or some of us doctors, then it is an even sadder and more painful day for me, because these doctors have capitulated on behalf of the rest of the medical profession that lawyers are better positioned to uphold medical ethics and professionalism than doctors. It may then appear that we conceded the battle and stand defeated even before any external party challenged us to a fight.

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