

SMA NEWS



VOLUME 42 No.05 MAY 2010
MICA (P) 103/02/2010



► Standing (L-R): Dr Wong Tien Hua, Dr Bertha Woon, Dr Noorul Fatha As'art, Dr Tan Yia Swam, A/Prof Chin Jing Jih, Dr Lee Yik Voon, Dr Tammy Chan, Dr Wong Chiang Yin, Dr Chow U-Jin, Dr Toh Choon Lai, Prof Wong Tien Yin.
Seated (L-R): Mrs and Prof Ong Yong Yau, Mrs and Prof Tan Cheng Lim, Dr and Mrs Balaji Sadasivan, Dr and Mrs Chong Yeh Woei, Prof Woo Keng Thyie.

SMA *Annual Dinner 2010*

The following speech was delivered by Senior Minister of State, Ministry of Foreign Affairs, Dr Balaji Sadasivan, at the SMA Dinner on 8 May 2010 at the Shangri-La Hotel. Dr Sadasivan attended the dinner as Guest-of-Honour and to receive the SMA Honorary Membership, which was also conferred on Prof Tan Cheng Lim and Prof Woo Keng Thyie. The proceedings of the dinner are reported on page 11, while the speech by SMA President is located on page 5. The citations for Dr Sadasivan, Prof Tan, and Prof Woo are on pages 7, 9, and 10 respectively.

Dr Chong Yeh Woei, President, Singapore Medical Association, SMA Council Members, overseas guests, Dr Satku, Director of Medical Services, friends and colleagues.

I am deeply honoured to be here as your guest at tonight's SMA Annual Dinner, and I am further honoured to be conferred an honorary membership by the SMA, together with two of my teachers in medical school, Prof Tan Cheng Lim and Prof Woo Keng Thyie. It is with deep humility that I accept the honour and

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Published by the

Singapore Medical Association,

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2 College Road, Singapore 169850
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URL: <http://www.sma.org.sg>

SMA Reg. No.: ROS 198/59 TAP

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I accept it with a sense of appreciation of the many people who taught and mentored me in my journey through this great and wonderful profession.

When I graduated from medical school 31 years ago, I had acquired the theoretical knowledge required to start a career in medicine. But as for the true art of doctoring, this I acquired much later at the bedside of patients from doctors more senior and experienced than me. Many of these doctors often talked about the great doctors who had mentored them; great doctors who influenced and moulded their minds, like Prof Gordon Ransome, Prof Seah Cheng Siang and Prof Wong Hock Boon. During my time as a young doctor, I was fortunate to have mentors who taught me what being a doctor meant. I had many mentors but tonight, I want to mention three of them and what I learnt from them.

The first person is Dr Tham Cheok Fai. He established the discipline of neurosurgery in Singapore at Tan Tock Seng Hospital. In those days, neurosurgery was carried out without the benefit of CAT scans or MRI and the surgical mortality rates were high. Routine operations used to take more than 12-hours. You needed a strong constitution mentally and physically to do neurosurgery. Dr Tham had a fearsome reputation and many junior doctors kept their distance, but for those of us who worked for him, we quickly found that he was one of the most decent persons you could find. He was dedicated to his patients and would often spend more than an hour taking the consent for an operation, patiently explaining the procedure and answering all the patient's questions.

One day, I was doing ward rounds with him and we came to a young boy with a craniofacial deformity. He turned to me and he said: "There will be some doctors who will want to get publicity through this child because his head is misshapen. They will have seemingly good reasons for doing so – such as the publicity will profile the hospital, or they will claim it will help educate the public. You should never succumb to

this temptation. Behind the misshapen head is a human being whose dignity should be protected. They should not be portrayed as freaks. You should never forget that." I never forgot what Dr Tham said. In my time at the Ministry of Health, I intervened several times to protect the human dignity of children and to prevent their exploitation.

Dr Tham and Dr Baratham helped arrange my residency training at the Henry Ford Hospital in Michigan where I was mentored by Dr James Ausman, one of the most famous neurosurgeons in the US. As a surgical trainee, I was always interested in learning how to do my surgery better. The general strategy to try and improve your surgical skills was to identify the surgeon who was reputed to be the best in that type of surgery and assist him so that you could copy his method and hopefully you would have the same result that he has. The emphasis was on "how".

Dr Ausman taught me that surgery was a science. The question you should always ask is not "how" but "why". Why should you use a surgical instrument in a particular way? Why should the head be positioned in a particular manner? Why should your incision be where it is and so on? Once you understand the science behind good surgical technique, you can do good surgery consistently. This means that most young doctors can be taught to become good surgeons if the teaching of surgical technique is taught as a science. Having learnt surgery as a science, years later, I found it enjoyable and easy to teach my trainees how to operate.

Some surgeons like to publish their results, usually trying to show how their results are superior to their colleagues. I learnt that unless a surgeon can explain on a scientific basis why the outcome of his patients is better than others, the publication of his results is of no value to others. But if a surgeon could explain why his results were better, then others could follow him and achieve similar results. Such a surgeon would truly be a great doctor. Dr Ausman was such a surgeon and he was a great doctor. Many learnt from him how to do better surgery

Medical school lectures and examinations cannot transmit the art of being a doctor. Neither can legislation. It is through mentoring, the teaching of lessons by the bedside when dealing with real patients with real problems that the wisdom of our profession is transmitted from one generation to the next.

by understanding the science behind it.

In the same manner, Dr Ausman taught us, his residents, to use a scientific approach to evaluate claims made by doctors, pharmaceutical companies and equipment manufacturers.

The practice of medicine is a science. But it has always had to contend with charlatans. In the past, we competed with the snake oil salesmen. Today, to make matters more difficult, sometimes doctors themselves abandon science and become charlatans. So our profession has to contend with more sophisticated salesmen hawking mesotherapy, stem cell cure-alls and other similar unproven treatments.

After finishing my residency, I became a fellow at Harvard and worked under Dr Peter Black, who was my mentor at the Brigham Hospital. Dr Black had a PhD in ethics and was a great teacher of ethics. I had expected patients to line up to be treated at Brigham because of its Harvard affiliation and reputation. Instead, the medical environment in Boston was highly competitive with multiple famous hospitals like the Brigham, the Massachusetts General Hospital and Beth Israel Hospital competing fiercely with each other for patients. All the hospitals were run like our private sector hospitals. The competition made them highly efficient and patient-centric. Yet I found that despite the commercial pressure, patients were not subject to unnecessary investigations or operations.

The modern hospital environment is complicated with the hospital and its doctors having a tremendous advantage in their dealings with their customers, the patients. This is due to the asymmetry of information with the hospital having almost a monopoly of it and the patient

barely understanding half of what he is told. How was the patient protected from commercial pressures, which may not be in his interest? What were the checks and balances that kept the hospital honest in its dealings with patients?

The answer in Boston was the doctor-patient relationship. Every patient had a doctor who was ultimately responsible for ensuring that the patient received the appropriate care. The doctor had a duty of care to the patient to ensure this, and this duty of care was more important than his obligations as an employee of the hospital. And Boston had enough lawyers to ensure that the doctors did not forget this duty of care.

Even as our public hospitals promote the virtue of team work and its benefits in bringing efficiency to clinical care, it should never displace the doctor-patient relationship which ensures that every patient has a doctor and that the doctor is professionally and medico-legally responsible for ensuring that the patient receives the appropriate care.

The great physician, William Osler understood the importance of mentoring and wrote:

“Medicine is learned by the bedside and not in the classroom” and that “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.”

We have benefited from our seniors who mentored us at the bedside. I know that many of you are now considered seniors and are mentoring the next generation. In time, the next generation will become senior and they will mentor younger doctors. Medical school lectures and examinations cannot transmit the art of being a doctor. Neither can legislation. It is through mentoring, the teaching of

lessons by the bedside when dealing with real patients with real problems that the wisdom of our profession is transmitted from one generation to the next. It has been so in the past and I think it will continue to be so in the future.

Sometimes, when I meet up with my medical colleagues, some of them lament about our present circumstance and its imperfections, and wish for a simpler age from the past or some future utopian time when the world is more perfect. The truth is the practice of medicine would require no great wisdom in a perfect world. But the world has always been imperfect. This we have to accept. What changes with time are the imperfections that we have to tackle.

Fifty years ago, Singapore was a poor country and doctors would have faced the problem of managing patients who did not have the means to purchase their treatment. How do you economise on treatment without affecting outcome? Today, in a more affluent Singapore, the challenge may be one where we have to resist the pressure from the hospital administration to maximise revenue from every patient.

Whatever challenges an imperfect world presents our profession, the answers can be found by going back to the basics of good doctoring: Medicine is a science with no room for charlatans.

Our duty of care is to the patient and the patient's interest and well-being are paramount.

Every patient should be treated with dignity.

Thank you.

SMA