

This Hobbit Signs Off

It's the end of the year again and how time flies. A new year beckons. The Hobbit would like to wish all SMA members a happy new year.

Let's cut to the chase on three points:

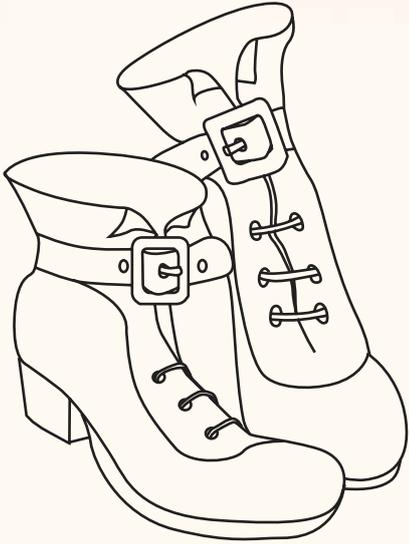
- *This article is not going to be funny*
- *It's going to be relatively short*
- *This is the last article this Hobbit is going to write for the SMA News for the foreseeable future*

I have been told that many enjoy reading this column because it's funny. Several of the articles published in the past have been nonsensically funny. But being funny has never been the main reason for this Hobbit's existence. Humour has been a useful tool to an end in most instances, not an end in itself. The ends may vary from month to month. These range from talking about new developments that have not been good to the patient or the profession, to initiatives that plainly make no sense if not manifestly bizarre (Yes, real life can be funny by itself without any satire or embellishment).

But the truth is that writing a monthly satirical column takes effort and angst. And it has taken its toll over time. Lawyers on the SMC disciplinary panels, the residency programme, management consultants, managed healthcare, overcharging and the SMA Guideline on Fees and the unnecessary "Americanisation" of healthcare and so on - while this column has often chosen to portray the lighter side of these issues, the real impact on the future of medicine, the profession and keeping healthcare affordable, accessible and of reasonable quality is anything but inconsequential.

Take the issue of "Americanisation" of healthcare for example. We now have JCIA, residency, ACGME-I, and going forward, ABMS-I. To be fair, this Hobbit likes America and Americans, and they do not seek to colonise or control us. Yet somehow, we are volunteering ourselves to be under the yoke of the American system of training. Having a suffix "I" does not detract anyone from the fact that this is essentially an American system of medical training and hospital accreditation. Can we afford such a system in the long run, with its multiple levels and structures of labourious administration and supervision, labyrinthine checks and balances? We spend 4% of our GDP on health, compared to 17% in America. And to-date, this Hobbit is not convinced of why these changes should take place. This Hobbit is not alone. But voices are being ignored; reservations and misgivings brushed aside. Were specialists trained in the old system proving to be incompetent? Why change, and will change definitely be for the better in reality? What appears on paper can be very different in application, be it in medical practice or education. These and many questions were asked. And yet they have not been answered in a way that satisfies intelligence. Of course, sometimes humour and satire need not be answered. But humour sticks - just like stupidity.

A paper published in the New England Journal of Medicine just last month showed that the plethora of patient safety initiatives has not resulted in less harm done



to patients in North Carolina hospitals. North Carolina was chosen because it was thought to be the state that was most receptive to patient safety initiatives. So the other states could well have done worse. The Americans have the courage and integrity to study and conclude that their efforts have not borne fruit. While we adopt many of their systems and practices, will we likewise have the same soul-searching later to prove whether the residency, JCIA, ACGME-I and ABMS-I initiatives have worked for us? Do we have a Plan B if "Americanisation" doesn't work?

A question often asked is, "Who is the Hobbit"? Maybe this is a cop-out but the Hobbit is in most of us - if you are the nameless doctor trying to remain true to your calling, if you are the Medical Officer trying his best to survive his call and get a traineeship, if you are the long-suffering GP caught between the jaws of managed care and the polyclinics, if you are the public sector specialist trying to implement the residency programme without proper resources and trying to balance your clinical workload with research time and family, if you are the private specialist trying to make an honest living and giving your patient your level best and trying not to charge \$20,000 for a tonsillectomy or \$40,000 for a total knee replacement or ACL repair; if you are any doctor wondering how medical advertising ever got so out of hand and how some folks have allowed over-commercialisation of medicine to take place, then you are all a part of this Hobbit.

Over time, the pressures of balancing work and family have adversely affected the mortality of this Hobbit. After all, Hobbits are not immortal elves and even Frodo was given passage to Valinor when his spirit irreparably ailed after the War of the Ring. This Hobbit has tried to be funny but writing a monthly column has been no joke. It's hard work and it's time for this Hobbit to call it a day. It's better to call it a day when hopefully one has not overstayed one's welcome and is still slightly ahead.

It remains for me to thank the Editor and the Editorial Board for having supported this Hobbit over the years. Thank you for having approved most of the submissions and even for the few you guys did not think were in the SMA News' interest to print. I am sure you will find another Hobbit soon; one that will undoubtedly more than ably fill my hobbit-sized shoes.

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Hobbit