

# Three Tricky Questions

By Dr Wong Chiang Yin

This column was written at the request of the 51st SMA Council, of which I am also a member. I have written my fair share of columns for the *SMA News* when I was President, but this must rank as one of the most difficult to write.

I was a Medical Officer in the Department of Orthopaedics at the Singapore General Hospital, when I received a request to consider a posting in the Ministry of Health (MOH) headquarters under the Department of Traditional Chinese Medicine (TCM) in 1995. MOH had just published its Report on TCM, and a department was to be set up to implement the report's recommendations. So for two years under the supervision and guidance of then Deputy Director of Medical Services, Dr Wong Kum Leng, I helped in the drafting and implementation of policies pertaining to the regulation of TCM and acupuncture. This was well before the days when the state registered TCM practitioners (TCMPs) and acupuncturists. Anyone could call themselves a TCMP or an acupuncturist. In those days, we liked to consider TCM as "complementary" and not "alternative".

A significant part of my work in the department was to investigate cases whereby patients suffered from the treatments rendered by TCMPs and acupuncturists. I have seen first-hand some of the horrendous effects of treatment: one case I remember in particular was a person who was given a colonic washout by a TCMP. She had a bowel perforation resulting from the washout, and almost

died from complications. She ended up with a permanent colostomy. Another suffered from iatrogenic Cushing's disease when a quack masquerading as a TCMP injected large amounts of steroids into the patient over a long period of time. As a result, the patient was in the intensive care unit for quite some time. I was the investigative officer into a number of such cases, and at least one TCMP ended up with a jail sentence. So I have had more than my fair share of bad experiences and doubts about TCM. Having said that, I would add that through my experiences with TCMPs, I have found them by far and large decent people trying to make an honest living, even if TCM does not lend itself to the usual scientific scrutiny that we doctors are used to. And since the state registered TCMPs and acupuncturists, things appear to have indeed improved.

But let us return to the present day. Arising from the slew of articles (touching on chiropractic neck manipulation, homeopathy, and acupuncture) by the *Straits Times* journalist Dr Andy Ho, letters in the forum and blogs, we have three questions before us:

1) Does complementary and alternative medicine (CAM) such as homeopathy and acupuncture work?

- 2) Should doctors be allowed to refer patients to TCMPs and acupuncturists, and under what conditions?
- 3) Should the medical profession as a whole (e.g. SMA) "police" CAM modalities and warn the public about their ineffectiveness and dangers?

One of the permanent advantages journalists like Dr Andy Ho and Ms Salma Khalik have over most other people is the availability of print space. They can state their case and opinions using thousands of words. All other submissions to the *Straits Times* Forum have to make do with a 400-word limit imposed by the newspaper. Unfettered by the limitations of length, it is hoped that this article can better address the above questions in a more comprehensive manner.

## Question 1 Does CAM work?

This is not a defence for the effectiveness of CAM, especially acupuncture. Like most doctors, I have my serious doubts. I am not expert in CAM – I do not practice TCM or acupuncture. Some publications say they don't work; some say they do. Acupuncture is a case in point. Dr Andy Ho refers to two articles, one of them published in the

august *New England Journal of Medicine* (NEJM). Whether something is published in the NEJM (a journal with very high impact factor) does not make it the absolute truth. In the name of scientific progress, we have lived long enough to know that today's evidence can well be proven to be tomorrow's fallacy.

The World Health Organisation (WHO) has published a list of diseases treatable by acupuncture for more than 10 years. In 2003, WHO published "Acupuncture: Review and Analysis of Reports on Clinically Controlled Trials". The report classified



conditions into several categories, of which one was "Diseases, symptoms or conditions for which acupuncture has been proved – through controlled trials – to be an effective treatment". 28 conditions were included under this category. The list is varied, ranging from allergic rhinitis to morning sickness.

Many doctors in developed Anglophone countries practice acupuncture and are even paid by the state to do so. One such example is Australia, where a sizeable portion of GPs practice acupuncture. I have never practiced acupuncture or experienced acupuncture as a patient. The fact remains that for every article someone quotes debunking the effectiveness of acupuncture, someone else will have the ability to quote another supporting its efficacy. The verdict is not out and it won't be for a long time. Every individual is entitled to his or her own opinion. Trying to impose your opinion on another organisation and behooving that organisation to act in accordance with your belief is another

thing altogether.

## Question 2 Should doctors be allowed to refer patients to acupuncturists?

It has been more than 10 years since I left the Department of TCM in MOH. Here are the current facts: many hospitals offer acupuncture services. These include public ones such as Tan Tock Seng Hospital, National University Hospital, and Singapore General Hospital, and many have TCM clinics located within their premises. Many

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doctors are also registered acupuncturists; these include GPs, anaesthetists, neurologists and so on. Some doctors are understandably uneasy about these clinics, and are also uneasy when they are asked to write referral letters to these TCMPs.

But they are here to stay. Many patients request for TCM services. The current Singapore Medical Council (SMC) Ethical Code already allows for some communication between doctors and CAM practitioners. But the code remains ambiguous and onerous for doctors. What is deemed "unacceptable association"? How does a doctor assure himself that he only facilitates a referral such that it is in the patient's best interests? How does he remain responsible for the patient when the latter is also looked after by other caregivers, of whom he has no control over, and no good understanding of the treatment rendered? An example is when a TCMP refers a patient for an x-ray. Arising from a seemingly innocuous referral, does the radiologist become the principal doctor

responsible for the care of the patient? On the other hand, when a doctor makes a referral to a TCMP at the patient's request, does he still remain responsible for the total care of the patient, or only for the care he directly provides? Ideally, a doctor should not be responsible for the care given by a TCMP, even when the patient has not discharged himself from the care of the doctor.

From the wording of the SMC Ethical Code, it would appear otherwise. In its submission to SMC, the SMA sought to clearly delineate what is acceptable and what is not, and to clearly circumscribe a doctor's responsibilities and liabilities (please refer to Annex A). Contrary to the views presented by an anonymous blogger, we feel that there is no conflict in trying to do that and stating that the SMA does not encourage referrals by doctors to CAM practitioners. In this aspect, Dr Andy Ho has referred to the SMA's recommendations on the SMC Ethical Code out of context.

So the real question is thus not whether doctors should be allowed to refer, but rather how we can reflect the realities of present day practice, and how to better circumscribe and limit the doctor's responsibilities and liabilities in an environment where dealings with TCMPs cannot be avoided.

By all means, every doctor should act according to his conscience and knowledge. If you sincerely believe that acupuncture does nothing for your patient, then by all means, have nothing to do with it in your practice and do not refer any patients to acupuncturists. On the other hand, if you believe there is some merit in acupuncture, then refer your patients to acupuncturists as you see fit.

## Question 3 Should SMA be the "policeman" for patients against unproven and ineffective CAM modalities?

Strictly speaking, the SMA Council is elected by the general membership. It is therefore answerable to the membership. Contrary to what some say, it would be easy and populist for the SMA to adopt Dr Andy Ho's suggestion to come out and criticise certain CAM therapies. It takes a certain amount of strength, maturity and restraint

for the SMA leadership to assume the position that the SMA as an organisation does not wish to comment on the efficacy of neck manipulation or acupuncture.

Dr Andy Ho states that the SMA has “no excuse” in not warning the public about the dangers of chiropractic neck manipulation. A blogger also observed that science should prevail, and that safeguarding cohesion is irrelevant to the SMA because social cohesion is not indicated in the SMA Constitution. If one reads the Objects and Powers section of the Constitution, “patient interest” is also not mentioned; perhaps the SMA should not venture into that area as well. These are facetious arguments at best.

However, the SMA Constitution states that the SMA should promote medical and allied sciences. Most of the medicine we know is based on scientific inquiry and evidence, but does the promotion of medical sciences take into account the criticism of other branches of medicine? It is one thing for me as an individual to tell my patients that I think CAM does not work. It is another and a dangerous thing to goad the SMA leadership representing 5,000 doctors to state so publicly. There are some 2,000 TCMPs and acupuncturists in Singapore. If SMA takes such a stand, what will the leadership of TCM organisations do? From my experience, many TCMPs and the TCMP leadership also work closely with various clan associations and religious groups. Will they sit idly by or will they enter the fray too? The same scenarios apply to other CAM practitioners in Singapore, such as traditional Indian and Malay medicine practitioners. While large and influential groups entering into a protracted war of words may sell more newspapers, are the interests of the medical profession best served by doing so? Finally, will the government also sit idly by in such a situation?

Personally speaking and against the backdrop of Singapore’s socio-cultural make-up, I think anyone asking the SMA to be the unofficial “policeman” against various CAM modalities and groups (including those that are recognised and registered by the state) is either naive or mischievous, and definitely quite dangerous.

In a perfect world, everyone should practice the best available evidence-based medicine, and everyone will have a perfect understanding of what works and what doesn’t. We should strive for

perfection ourselves but at the same time, we need to recognise that we live in an imperfect world that involves compromise and accommodation. Pressing our case to its seemingly logical or even scientific conclusion as a profession will raise the stakes so high that in the end, to borrow a Chinese saying, no one can get off the stage gracefully. There will be no winners; only losers. **SMA**

#### Annex A

##### **Excerpt from “Submission by Singapore Medical Association (SMA) – Review of Singapore Medical Council (SMC) Ethical Code and Ethical Guidelines”**

7 4.1.5–Association with complimentary medicine practitioners (page 8) and 4.1.6 – Association with persons not qualified to provide medical or medical support services (page 9)

7.1 What is acceptable in the medical profession has widened, with increased opportunities and pressure to associate

7.2 SMA proposes for what is deemed “unacceptable association” to be more clearly defined

7.3 SMA recommends a list of acceptable associations and a list of unacceptable associations to be included in this section

7.4 A distinction should be made between allopathic and homeopathic medicine when deciding on acceptable and unacceptable associations

7.5 Traditional Chinese Medicine (TCM) practitioners are now registered under law. Also, SMA notes the recent public consultation on the Allied Health Professions Bill, which seeks to regulate occupational therapists, physiotherapists and speech-language therapists

7.6 As such, doctors should be allowed to refer patients to the groups above and vice-versa

7.7 We wish to highlight that the current wording of the Guidelines means that a doctor (e.g. a radiologist) becomes the principal physician if a patient is referred from a non-doctor (e.g. a TCM practitioner)

7.8 SMA finds this situation to be onerous for doctors in two aspects: first, that the scope of this responsibility (“principle physician”) exceeds the original intention of the referral (e.g. it might be deemed to include general healthcare beyond the specific diagnosis of a fracture) and the limited duration of the care as originally intended (e.g. for the purposes of diagnosis of a fracture, followed presumably by a hand-back to the referor). The SMA suggests that doctors a) be responsible only for medical care within the scope of the referral unless separately agreed between doctor and patient, and b) be allowed to hand over a patient where applicable (e.g. registered TCM practitioner), and where such handover is not practical for any reason (e.g. the patient’s choice) this responsibility be considered completed when the original purpose of the referral (e.g. confirmation of a fracture by x-ray examination) is appropriately concluded (e.g. by issuing the radiological report). We note that some of this is already allowed in the TCM Ethical Code and Ethical Guidelines, 4.1.1 (f)

The complete submission can be found in the November 2010 issue of SMA News ([http://news.sma.org.sg/4211/SMC\\_Review.pdf](http://news.sma.org.sg/4211/SMC_Review.pdf))



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