

Il of the three Easter holidays since I took office as SMA President have gone by in a flash. I recall seeing the HINI pandemic wash up on our shores in my first month on the job. Then there were the amendments to the Medical Registration Act that had caused such distress among the profession that they would not get a fair trial in front of a disciplinary tribunal made up of a judge as chairman and also two other doctors. We had the final appeal to the Competition Commission of Singapore for the Guideline on Fees (GOF) and the bill itemisation that followed the withdrawal of the GOF. The big change of residency arrived at the doorstep of our public sector and means testing was also instituted in the same sector.

Amidst these changes, we had a backdrop of local trends of doctor bashing, advertising in social media and search engines, and asset inflation of medical units driven by a record defying bid for hospital land. The world was also rocked by huge changes with an African-American elected as US President, subprime meltdown, North Korean nukes, Osama found in Pakistan, Euro crisis and Japan's trinity of disasters.

At the Association we have seen the conferment of honorary membership on the current Prime Minister of Singapore, MPS seminars, experts courses, foreign doctors seminars, introduction of spouse membership, our *Singapore Medical Journal* achieving its impact factor, and the gradual expansion of our SMA Council (to a new total of 20 members in the near future).

On the legal front, we had cases of overcharging, liposuction deaths, falsifying consent, inadequately informed consent, and the changing boundaries of responsibility within healthcare teams.

Along the way, we also had to deal with the traditional press, but at the same time found that the social media had also insidiously wormed itself into every smartphone in the land. We have also noticed that the press has recently reacted with an attempt to break exaggerated stories and hence sell more copies. This more aggressive stance may well be the harbinger of paparazzi and sensationalism as seen in the British tabloids.

Throughout all this turbulence, how did we pilot the SMA mothership? I have long explained it from this viewpoint. From our vantage point on the bridge we will steer our ship towards that distant lighthouse. That beacon of light is the patients' interests. There may well be situations where the short term interest of the doctors is at odds with the long term interests of patients at large. We have learnt that it is wise to keep our focus on the long term interest of the patient as ultimately; when the patient benefits, the doctor is also rewarded in kind. After all what are we without our patients? In essence I can summarise it with the old English adage, "what is good for the goose is good for the gander".

I was asked of an example of this aforementioned situation in my recent chat with the President of the Medical Society at the National University of Singapore. The example I used was the GOF. In the presence of information asymmetry, the now defunct guideline had protected the long term interests of the patient for more than two decades. With the scrapping of the

GOF, it was clear to us that the rise in fees subsequently and the cases of overcharging that we have seen, has eroded that trust that was intrinsic between the profession and the patients. The short term interest of the bureaucrats and the political forces had been sated to the detriment of the patients' long term interests. As a result, some doctors were emboldened, and exploited the situation to charge more. We are still hopeful that society will eventually come to its senses that a guideline of sorts will be vital to protect the layman and there may come a day when a resurrection may well be probable.

With that distant lighthouse in view, this guiding principle has allowed us to develop that moral authority, soft power and moral suasion which has helped us negotiate troubled waters. The press has also often come to us to obtain our take on various situations, initiatives and scenarios. We have always found it important that we approach these tasks with high quality analysis and original thinking. There is a constant bombardment of engagement with various forms of media, nongovernmental organisations, various ministries, statutory boards, hospital management committees, regional and global medical associations, and at times even foreign embassies. This constant stream of chatter to and fro, enabled by emails, has kept us on our toes, and allowed to also keep up a steady stream of influence on those who interact with us. The stream of chatter always needs to be backed by mental prowess supplied by my SMA Council of 15 members and research provided by our SMA Secretariat of 20 staff.

There may be times when positions taken by parties on both sides may be quite different and here the guiding mantra is that there is always time for quiet negotiations, discussions and exchanges of viewpoints. Many a time, our members do not understand that this is actually where all the difficulties, differing positions and opinions get ironed out. Often the outcome is a good balance, a win-win situation for all parties involved. It has to be mentioned that there may be rare occasions when opinions are so divergent that strident protest has to be registered. Fortunately this is unusual, approached with great reluctance and has only happened once on my watch.

As we move ahead, the local General and Presidential Elections last year have created a new equilibrium in our society that is still in motion and taking shape. Prior to this we have never shirked from articulating what needs to be said and at times have seem very opposing in our independent views. But the nascent Opposition in Parliament may well allow us in future to adopt a neutral stance for the profession between two competing ideologies.

Our current membership and potential members are very diverse and come from many groups: from Singaporean to foreign doctors, from doctors in training to consultants, from GPs to specialists, from public to private, from local to foreign graduates, from Yong Loo Lin School of Medicine to Duke-NUS Graduate Medical School and eventually Lee Kong Chian School of Medicine. Their disparate interests may well be difficult to integrate. To this end we have tried to be inclusive

in the composition of the members of our SMA Council. We have representatives from many groups and are proud to have four female members. It is our job to melt all these competing interests into one sonorous and yet harmonious voice.

I must thank my Council members for the tremendous support that they have given me, my past President Dr Wong ChiangYin who handed over to me an organisation which was in a sterling state, and my Executive Director Dr Lee Yik Voon and Chief Administrator Mr Martin Ho for running the Secretariat in a most efficient manner. I certainly look forward to handing the baton to the next President A/Prof Chin Jing Jih whom I am confident will steer the organisation to greater heights.

The most important people who I have to thank are my members who have given me such goodwill and steadfast support, that without your wind beneath my wings, I could not have represented you otherwise. In my monthly columns that I have enjoyed writing so much, I have tried to spread messages that will make us a better parent, spouse, sibling, colleague, mentor, friend, doctor and human being. I look forward to having some time so that if our paths, whether personal or professional, ever cross, we can stop for a while and have a meaningful little chat that will surely make our day.



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