

President's Welcome Address

By A/Prof Chin Jing Jih

Our Guest of Honour Mr Lee Kuan Yew, our distinguished guest, Minister for Health Mr Gan Kim Yong, Members of Parliament, honorary members, guests, teachers, colleagues and friends, ladies and gentlemen, it gives me great pleasure to welcome you to the SMA Annual Dinner. Tonight marks a special landmark in the history of SMA, as we will be witnessing the conferment of the SMA Honorary Membership on Mr Lee Kuan Yew, the founding Prime Minister of Singapore. This will take place in a very short while.

As some of you may know, I am a geriatrician, and brevity is not a virtue of my patients, and I suspect after the experience of writing this speech, it is neither mine. Even the vital capacity of my good comrade Dr Wong Chiang Yin was insufficient; he ran out of breath when attempting to read the sentences in my original draft. In Mandarin, he says, it is long-winded. So my draft was macerated before I even attempted to read it. What you will be hearing tonight is whatever that has been left behind after the massacre. Logic has it that it will be a very short speech, but I am not too sure.

But seriously, please first allow me to express my deepest appreciation to the past Presidents who have led SMA and the profession to where we are today. In particular, I would like to thank Dr Chong Yeh Woei for leading SMA through an eventful three years, during which I believe we have emerged stronger as a professional organisation, one that is more visible and engaging.

My friends and colleagues at work who are aware of my involvement with SMA either confuse SMA with SMC, the Singapore Medical Council, or frequently ask me: "What is the role of SMA?" or "What does SMA have to offer?" I think tonight, with the gathering of so many different generations of colleagues, it is a good time for us to do a little introspection – what does SMA truly mean to us? What, indeed, is the role of a professional organisation such as SMA in this supposed postmodernist age of web-based digital sharing and social networking?

I would like to boldly suggest that the role of SMA has to be traced back to what the medical profession is about. As management consultants tend to ask these days at leadership

workshops:

"What is the core business of your organisation?"

We can perhaps begin by asking ourselves: what is the core business of the medical profession?

I think few would disagree that the practice of Medicine is based upon a framework of professionalism with its components of knowledge, ethics and compassion. The core business of the profession is therefore achieving the best interests of our patients. By putting the interests of the weak and vulnerable first, the profession also advocates and propagates key social values such as altruism, compassion, fidelity, trustworthiness, and perhaps even filial piety.

As such, SMA can never be a union or a trade guild, as these put the interests of their members above all other considerations. As a professional organisation, the long term relevance of SMA and welfare of its members are secured and sustained by putting patients first. The role of SMA is therefore to unite doctors in their patient-centric ethos. It is an aperture to focus leadership and efforts that nurture the professional attitudes and aptitudes of doctors. SMA also believes that credible advocacy of patients' interests should be reasonable and fair, balanced with the needs and aspirations of doctors.

And here I remember a piece of advice a past President once gave me – that although SMA is not a union, it has union-like functions. I agree with this to the following extent: I believe few doctors can be effective healers if conditions to practice are unjustly harsh and hostile. SMA does see the need to advocate for working and social conditions that are reasonable and fair, so that doctors can devote their fullest attention and energy on patient care. The ability to attract some of the best minds and hearts into Medicine is a precursor to productivity and economic success, and not forgetting quality of life. Therefore, whenever the need arises, SMA should not shy away from its obligation to help doctors negotiate for respect and fair treatment, and for a reasonable practice environment. All this is part of a virtuous cycle that keeps SMA relevant, and Singapore healthcare in good shape.

The practitioners in Singapore today are confronted with changes occurring at an unprecedented pace. I count at least seven such tectonic changes:

1. The population is growing and ageing rapidly.
2. Chronic disease load and the fraction of later life spent in disability and dependence is also increasing dramatically.
3. IT and gadgets look promising as enablers of care. But for many doctors, technology seems to become outdated faster than they can be mastered or installed.
4. More patients challenge the professional judgement of their doctors, often on the basis of information that is inaccurate or poorly understood. The result – poor outcomes and increased healthcare costs.
5. A rising level of intolerance for medical errors (whether



A/Prof Chin delivering his welcome address at the SMA Annual Dinner

avoidable or not), and professional misconduct. These cause a palpable rise in complaints against doctors, and the threat of medical litigation. The threat of defensive medicine taking root looms large over us.

6. Public confidence and esteem for the profession is also undermined whenever doctors appear to be party of a commercial relationship with business organisations.
7. And to top it all, senior doctors are finding it frustrating to work with their younger colleagues. Unlike the baby boomers, the Gen Y doctors have quite different working attitudes and habits. They gather information and solve problems very differently, and regard work-life balance and family time as almost sacred. Yet, different generations of doctors have to work often as a team.

All these pose serious challenges to our first class healthcare system, which is known for its quality, efficiency and cost-effectiveness.

These rapid transformations that we are facing do not render the role of SMA obsolete. Instead, they enhance the relevance and functionality of SMA. We sense an even greater need to offer a professional compass and infrastructure to assist members in their attempt to adapt. We see an opportunity to help members to turn these discomfoting changes into openings for professional growth and improvement.

The local healthcare landscape too is undergoing significant but positive transformation. Recently, as part of his Healthcare 2020 Masterplan speech, Minister Gan said:

“One of the key strategies to raise quality of care is to better integrate across different settings by reorganising our healthcare system into more hassle-free, integrated and patient-centric Regional Health Systems.”

This demands a well-connected and seamless network of care, involving all relevant stakeholders. Such an approach cannot be achieved by any one healthcare sector alone. It will require extensive participation from both public and private sector doctors. The time has come for the so-called “inside doctor” and “outside doctor” to stop competing, and to work closer together; and with healthcare policy makers and funders, for the greater interest of Singapore. It is my belief that SMA, whose membership includes a substantial number of doctors practicing in all sectors and care settings, is well-positioned to facilitate and mediate some of the communication and trust-building dialogues. These are vital to forging the important public-private partnerships, as well as collaboration within the Regional Healthcare Systems.

On the social front, SMA will continue its efforts to address social concerns and public health education. We are working towards the setting up of an independent SMA Charity. SMA hopes the Charity will serve as a conduit for our members’ altruism and sense of social responsibility, to further boost the already substantial contribution of our profession to local healthcare. This is a natural evolution from our SMA Medical Students’ Assistance Fund, which was set up in partnership with the Yong Loo Lin School of Medicine in 2007 to help needy medical students. I am happy to announce that we have raised

more than \$1 million from generous donors and disbursed \$270,000 to date.

Today, SMA boasts of a membership base of more than 5,000. What is even more remarkable than the mere numbers is that membership is purely voluntary, with no statutory compulsion. SMA is keen to engage the membership and to figure out its needs, in order to enhance the roles that I have just mentioned. For example, we have formed a Doctors in Training Committee to address the needs of our younger doctors.

SMA sees medical students, who will be the future of Singapore's healthcare and also future doctors who will take care of you and I, as an important part of the ecology. Since 2011, we have extended our membership to them at no subscription, and we have over 400 student members after a recent online membership drive. We are also offering academic prizes to graduating students of the two medical schools.

In addition, SMA has also extended our welcome to foreign-trained doctors practising in Singapore, and have thus far organised two seminars aimed at helping them better understand and assimilate into our society. Besides the serious topics like healthcare financing and legal systems, there are also lively ones on Singlish, local food, housing, school holidays, national service, local ethnic customs and alternative medicine. We believe the more oriented they are, the better they will be at work to contribute to the local healthcare system. However, they remain under-represented among our ranks, as we have significant challenges trying to locate them, because they are dispersed throughout the island's public healthcare system. We will continue trying, as SMA believes that foreign doctors should be well-integrated and if possible, assimilated into the local medical community.

At every monthly council meeting, one of the regular items on the agenda is to review the feedback or reasons from members who have resigned in the preceding month from SMA. The most common reason for quitting we receive is either because the doctor finds that the benefits are not relevant to his personal needs or that the membership is not "value for money". But there will always be an intangible portion of membership that cannot be explained in dollars and cents. Past Presidents and Councils have negotiated changes for the benefit of patients as well as doctors in many quiet and understated behind-the-scenes negotiations. But members seldom get to know about them as they are usually done without fanfare, shouts or clamour. We aspire to take the moral high ground, put patients first and do the right thing, even when no one is watching.

To many of our members, SMA is now is now in cruising

mode. I hope I can be forgiven for saying that the biggest challenge for an organisation made up of successful and comfortable professionals, and reliable office bearers, is in fact apathy. Apathitis is not an incurable disease. But it will require members to come forward and constructively participate, contribute, and comment in the forums that we have created, or will be creating. SMA needs to be more than your professional organisation in form, but also in substance.

To serve its members well, SMA will require a strong and resolute leadership. The Chinese idiom "温故知新" (*wen gu zhi xin*) can be paraphrased roughly into "deriving new insights by revisiting past wisdom". So it's only apt for me to revisit the wisdom shared by our past Presidents.

Dr Chong Yeh Woei wrote in his message as incoming SMA President three years ago – allow me to quote:

"Running a medical society like the SMA is likened to leading an orchestra. Our job is not to command and control but rather to protect, support and inspire our members in their professional lives."

I would like to build on those words of wisdom and add that the orchestral conductor is more than a mere representative of members of the orchestra. His core business is ultimately to lead the orchestra to produce good music that will satisfy his audience. Sometimes, this involves disagreeing with individual members of the orchestra, even as individual members of the orchestra may not wholeheartedly agree with the conductor.

Doing the right thing will require strong leadership and courage. As leaders of SMA, it is my belief that the Council must be more than mere representatives of our members. Leadership implies a duty to convince our members to also do the right thing, even if it involves a sacrifice of self-interest.

The 53rd SMA Council will need your trust and support for us to do what is right for our patients and our profession. Adapting from something I read some time ago:

"There are books to teach you how to build a house, how to repair engines, how to write a book. But I have not seen a book on how to lead or run a medical association."

But if Dr Wong Chiang Yin is correct in his last President's column in *SMA News* written three years ago when he stepped down, then you often have to talk like a Confucian teacher to educate and inspire the people, you also have to reflect like a Taoist philosopher so as not to be personally ensnared by the trappings of high office, power or wealth, and yet, you may well have to work like a tough Legalist administrator. A tall order indeed, but my Council and I will pledge you our best effort.

I would like to end my address on a special note of thanks and appreciation to mothers who are present with us tonight. And to all our mothers who have taught us well, here's wishing all of you a Happy Mother's Day. Thank you. **SMA**