

By Dr Jeremy Lim, Editorial Board Member

# THE 'WORK' OF MEDICINE: preserving what matters

As the healthcare system undergoes radical surgery to make right-siting, shared care, regional health systems and academic medical centres reality, it is worth remembering some of the things that should never change, chief among them being the nature of our work as doctors.

**W**hat defines a doctor's work? Probably three key features: fulfilment, autonomy and intellectual complexity. Medicine is THE 'noble profession' and we doctors take pride that our work saves lives and restores health. We take further pride in our autonomy, that we ultimately decide together with our patients the best course of action; not a manual, not a computer algorithm and certainly not a manager in a far-removed office. Finally, medicine challenges us intellectually and forces us to continually apply all our faculties.

Why does articulating what matters, matter? Simply because healthcare is changing rapidly and radically. If we do not proactively identify and defend the things that matter in our practice of medicine, we will inadvertently and inexorably lose them.

## WHAT MAY IMPACT PRACTICE?

**System Controls** – The badges of honour our hospitals wear proudly include ISO and SQC among others, and are testament to how systematic and predictable we want healthcare to be. Yes, all these are good, but we must not lose sight of their intent and limitations. Systems should structure but not shackle, and in uncertainty, encourage physician initiative as a default in the patient's best interests. Sadly, too many interpret such accreditations wrongly as constraints and the refrain, "JCI does not allow us to do XXX" is all too common.

**What's Available in the Public Sector** – It was a number of years ago, but I still remember vividly a renowned specialist resigning from the public sector, citing that he could not practice the way he was taught, the way he wanted to, and the way that was best for his patients as reasons. Both patients and physicians reasonably expect in prosperous Singapore and especially in a Singapore academic medical centre the full armamentarium that modern medicine has to offer. However, this is often not the case due to financial considerations, and balancing this tension between expectation and actuality will present a formidable challenge. Policy makers will need to understand and accept how emotionally dis-spiriting and intellectually off-putting it is, not being able to provide what we know to be 'best care'. Doctors

at all levels at the same time need to engage in defining what constitutes individual 'best care' that is affordable to society. We may not agree with the eventual decision but at the very least, we can reconcile and find fulfilment in understanding and accepting the constraints of public sector practice.

**'Team Medicine'** – Tomorrow's medicine will be more starkly practiced as a team, and there is an urgent need to re-align training and incentives to enhance camaraderie and collegiality. Denise Cortese, CEO of the Mayo Clinic once commented with some irony that medical students who ask colleagues questions are branded 'cheats' but interns who don't are called 'fools'. Our incentive system today is much too focused on individual performance; how can we calibrate performance metrics to acknowledge teams while maintaining autonomy and accountability as physicians?

**Value over Volume** – No less than Barack Obama has criticised medicine for a rewards framework premised on volume rather than actual value creation. How can we incentivise the restoration of health and the prevention of ill-health and find as much fulfilment, both professionally and financially, in preventing osteoporosis as performing joint replacements?

Crystal ball gazing is a dangerous pursuit but I would venture that the future of medicine in Singapore will be characterised by more central planning and intervention, a fundamental shift to shared care, and a re-alignment of incentives to reward maintenance of wellness rather than treatment and re-treatment of disease. Even as these changes occur, let us strive to ensure that our work continues to be meaningful; that we find fulfilment in our craft, maintain our autonomy to provide the best care we can and be continually challenged and renewed intellectually by our practice. ■■

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