

Editor's Note: We reproduce here Dr Chong Yeh Woei's speech from the SMA Annual Dinner on 8 May 2010

# President's Speech

Dear Senior Minister of State, honoured guests, fellow colleagues, ladies and gentlemen.

I take great pleasure in welcoming all of you to our 51st SMA Dinner and would like to take the opportunity to reflect on the events since our last annual dinner.

A year ago, I took office and in an untimely manner, H1N1 arrived on our shores three weeks later. At that time, we were concerned as reports from Mexico and the United States raised alarms of a new and highly-infectious strain of influenza that had rapidly moved through urban populations. The reports of deaths and in particular, mortality amongst pregnant women, heightened the state of our anxiety on the virulence of the virus.

Without much fuss, the mechanisms that had been put in place swung into action and the lessons learnt from 2003 and preparations served us well. I recall sessions chaired by our DMS who is present here

tonight together with infectious disease experts and logistics personnel in the Ministry auditorium to calm the worried doctors, especially those who were in the frontline. In particular what I remember most was that these communications gave guidance and reassured them that the machinery of the State was standing behind them.

Now all that seems such a while ago and today there is even criticism in the international press that the WHO had overreacted to the pandemic. On hindsight things always look different and what made this pandemic seem less frightening was the organisation and preparation put in place since SARS. We were also fortunate to have an effective anti viral on hand and the rapid vaccine production resulted in one that arrived before the year's end. Indeed this is the first pandemic that we have such resources at hand and may well alter the course of future pandemics.

Importantly, what we had all learnt from this event was the calibration of the response and the difference between SARS and the H1N1 pandemic. All this would be valuable for us when the next pandemic comes, and it is likely that the virulence would be somewhere between that of the coronavirus and the H1N1 strain.

It saddens me today that the population is still complacent after reading a recent report that only 13 percent of adults here in Singapore are immune to the H1N1 strain. My silver lining is that I believe doctors who serve at the frontline will once again heed the call when another plague visits our shores. I salute these brave men and women who have shown their resilience and professionally stood their ground in the midst of fear and anxiety; we at the SMA have not forgotten your sacrifice!

The other event that I would like to touch on is the amendments to the Medical Registration Act. There were concerns on the ground that we would



▲ Welcome party to receive SMS Balaji Sadasivan. (L-R): A/Prof Chin Jing Jih, Dr Chong Yeh Woei, Dr Tammy Chan, Dr Lee Yik Voon, Dr Wong Tien Hua



▲ A/Prof Prasert Sarnvivat and Prof Sriprasit Boonvisut from the Medical Association of Thailand presenting a token to Dr Chong Yeh Woei

not have a fair hearing should we ever come before a disciplinary tribunal. We are indeed grateful to the government and the Minister for having heard us and tweaking the law to address our concerns.

As for the residency programme, we understand that progress is being made as the first batch of newly-graduated housemen are undergoing the residency training as we speak. I am optimistic that even with limited resources, inadequate theatre time and difficulties with manpower, the structured training programme will in time to come serve our nation well with physicians and surgeons trained to the best standards that we can achieve.

As we close the SMA year, I see challenges ahead and the key areas that I spoke of in the previous year are still relevant today. The issues include the prohibitive cost of medical units, the lack of charging guidelines with doctors charging as much as the market can bear, the erosion of professionalism standards and advertisements that cross the line to market professional medical services as commercial commodities.

The confluence of these forces makes it very difficult for the patient and erodes the trust between the doctor and his patient. After all patients are vulnerable and ultimately as doctors, we have a fiduciary duty towards them. This therefore makes the practice of medicine a profession and not a trade. We must remember this fundamental tenet.

To tackle the negative influences I spoke of; we require a combination of approaches.

I will speak first of the cost of practice. The medical units currently coming on line are priced prohibitively. The bankers are all lining up with favourable terms to entice us to part with our money. In reality, property is all about leverage and how much leverage we are comfortable with. Please think carefully before you commit in the long term to such a purchase.

As for charging, it has been difficult since the SMA reluctantly withdrew the guideline on fees. The majority of doctors charge a customary and reasonable fee. We have some amongst us who have charged quantum leaps that are consistent



▲ Prof Tan Cheng Lim, Mrs and Dr Balaji Sadasivan, Prof Woo Keng Thye, Mrs and Dr Chong Yeh Woei.

with a percentage of the net worth of their patient. I would like to remind the minority that we are doctors and not employees of a certain firm called Goldman Sachs.

The rising cost of practice and fees charged will erode the value of the services that we provide to the patient and in particular those who travel to our medical hub for their healthcare. I often hear some of my older colleagues who lament the loss of Malaysian and Thai patients over the last two decades. When it comes to delivering of value, very often patients vote with their feet or in the case of foreign patients, they vote with their wings. Very often when birds have changed their migratory pattern, they are gone for good.

On the erosion of professionalism and standards, the concern is always regarding commercial pressures or administrative imperatives that bump up against the ethical and professional considerations. In today's setting with demanding, empowered and litigious patients, I fear in particular for our younger colleagues in training who have not had the experience, training and gravitas to withstand such pressures. In private practice, the pressures of a commercial nature may lead doctors to embark down the slippery slope.

The way forward is then to strengthen the ethics and professional standards of our colleagues. To this end, SMA will through CMEP launch new initiatives by

way of training medical experts, conduct courses to train mediators and also provide remediation for those who have fallen short of the standards expected of them.

We are awaiting the decision of the Competition Commission on our appeal regarding the guideline on fees. We hope that the outcome is favourable and that our patients do not have to rely on the Latin phrase of *caveat emptor*. On the matter of advertising, we have just conducted a seminar on this topic and have noticed the use of the PHMC Act by the Ministry of Health on some errant doctors.

Finally the majority of doctors are – by their training, moral compass and disposition – good doctors with compassion imbued with a sense of Confucian responsibility towards their patient. We have this fortunate state of affairs because we have iconic physician leaders who have shown us the way with their personification of the values that we hold dearly to in medicine. We are honouring three such iconic doctors tonight with the SMA honorary membership and they have without doubt demonstrated values of courage, virtue, resilience, fairness and humility in their respective careers. I am indeed looking forward to honouring these three gentlemen and I am sure you are as well. After all they are all legends in their own right. Thank you. **SMA**