The Next Lap

By A/Prof Chin Jing Jih

In my search for ideas and insights for this incoming President's first message, I dug out the corresponding messages of the past two SMA Presidents in the *SMA News* archives. The two essays were quite inspiring, but I also found myself perspiring, as they offered a glimpse of the bumpy road ahead for me as the new guy in the hot seat.

In his inaugural President's Forum, aptly titled "Survival and Sacrifice" (*SMA News* April 2006, http://www.sma.org.sg/sma_news/3804/President_WCY.pdf), Dr Wong Chiang Yin, who led SMA from 2006 to 2009, wrote: *"It is my singular honour, solemn pride and undeserving privilege to serve you as President"*, and he ended his reflective piece with a solemn statement: *"The survival of medicine has always involved some measure of sacrifice by its practitioners."* It goes without saying that leaders of SMA are expected to lead by example. Dr Chong Yeh Woei, my predecessor who presided over SMA from 2009 to 2012, similarly wrote in his first President's Forum, "Unconventional Leadership" (*SMA News* April 2009, http://news.sma.org.sg/4104/President(In).pdf): *"I am very privileged and honoured to be elected as your President and I hope to fulfil the trust and faith that you have vested in me."* He ended his column with a moving commitment: *"In leading our medical fraternity we should never flinch from asking the tough questions of ourselves and make sure we do what is right and best for the patient and the profession, and not merely what is convenient."*

As a member of the Councils led by these two SMA Presidents, I know for a fact that they have both lived up to their pledges and advanced the interests of the profession, in their own unique leadership styles.

And now the baton is in my hands. I have always understood that the honour and privilege mentioned comes as a singular inseparable package with the weight of trust and confidence thrust upon the President by his colleagues in the Council and the SMA membership. One past President of SMA has declared, more than once, to me, in the context of emphasising SMA's often understated and misunderstood but no less crucial role, that this *association* of ours is, regardless of its detractors, a professional organisation with over 5,000 members, who have *voluntarily* signed up sans coercion or statutory requirement. This makes the role of its leadership all the more important, and the hot seat even hotter, particularly at a time when critical changes are taking place both inside and outside the profession, and as some would say, threatening to de-professionalise the practice of Medicine.

Those who led SMA in the last few decades have worked hard and smart to establish the association, and the profession, in a solid and robust position. We have reasonable reserves, in terms of the currency of trust from our patients, and in terms of resources available to sustain some of our professional development programmes. But despite the apparent cruising mode, I am acutely aware that the leadership I have taken over from Dr Chong comes at a time when the medical profession is facing a series of rapid changes and perhaps, if I am permitted to indulge in a brief moment of pessimism, uncertainty. We have overcome many crises such as SARS, but I suspect that even trickier turns await the profession in the next few years.

The first challenge comes from our population's compelling demographic trends. Presented often in the past as projections, many of them have now become reality, while more frightening predictions await us in the near future. These are ironically a result of the successes of our healthcare and social policies, which brought about remarkable survival rates and inevitably, longer lives. While for some countries these are indices worth celebrating, we are now confronted with a rapidly ageing population that is associated with a sharp rise in chronic diseases, functional disabilities, social dependence and excess morbidity. Our professional task as frontline providers of healthcare has been rendered technically more difficult, whether in clinical medicine or public health. To make matters worse, this demand in resources is coupled with a manpower count that is still in a catch-up phase.

In addition to the rapidly ageing population, the practice environment is also evolving very quickly, though one would argue that from a broader national perspective, these changes are probably in the right direction. Realising that an industrialised and fragmented healthcare delivery system is no longer sufficient to meet the multi-faceted needs of our increasingly complex and frail patients, healthcare policies in the last few years have seen a definite shift towards an emphasis on a population health approach, and seamless continuity of care from hospital to community via care integration, particularly between hospitals and community providers, emerging as a key desirable outcome. This gives rise to a greater need for medical practices to connect and

collaborate. The imperative to balance accessibility, cost and quality also meant the need for some fundamental review of traditional care delivery models. Cutting across all these is the potential role of IT systems, which many practitioners have thus far resisted for various reasons.

With greater literacy and accessibility to information, our patients and the public have also become more assertive, demanding participation in their care and accountability in their clinical outcomes. These developments come with an inevitable rise in dissatisfaction, complaints, and threat of medical litigation. The rise in expectation also means that unintended errors and professional misconducts are less likely to be overlooked or forgiven. Cumulatively, this leads to an undermining of public trust for the profession.

Another challenge which many doctors are facing is engaging fellow healthcare workers from a different "generational cohort". Many senior doctors from both the public and private sectors are beginning to find it frustrating and exhausting to work with (instead of commanding over) junior medical colleagues, nurses and allied healthcare professionals whose work ethics and life expectations can be quite different. Yet, engage and communicate they must, especially in an increasingly multidisciplinary and team-based delivery approach aimed at providing comprehensive holistic care to patients whose needs are multiple and complex.

The questions before us are now clear. Can a profession that is based on science and humanities such as ours afford to remain status quo in the face of these rapid changes? Can we afford to continue doing our work the same old way while remaining oblivious to these changes, denying their existence or ignoring their presence, thereby excusing ourselves from the imperative to manage them proactively? If we take a hard look at the evidence (which if listed here, may double or even triple the length of this article), the only logical conclusion is that at least some of our practices and habits have to start changing. The inability to fully grasp the implications of numerous complex issues will drastically reduce the efficiency and cost-effectiveness of the doctor. Collectively, this may render the profession vulnerable to being relegated in importance and relevance, thereby diminishing its ability to honour the social contract underpinning its unique professional status and obligations.

Adjustment is certainly not easy. It involves firstly an acceptance of the change. To many of us, any form or quantum of change is invariably painful and troublesome. As creatures of habits, our tendency to reject change can be accounted for by our reluctance to move away from systems and routines that we have internalised through specialisation and daily practice. It requires us to abandon or modify what we are most familiar with, and venture into things unknown and uncertain. And of course, it often involves risk taking, something which we doctors are generally are less adept in. Either by self-selection, rigorous admission interviews or vocational training, doctors are statistically speaking more risk averse. I participated recently in a leadership workshop, and a psychometric instrument used on two batches of doctors consistently revealed an overrepresentation of those who are conservative and traditional compared to those who tend to be more open to new ideas and innovations. The bottom line is this: most doctors tend to resist change.

However, it is not the resistance to change, but the refusal to entertain and evaluate change objectively with an open and critical mind that is the root issue. The doctors' and profession's adaptability will depend crucially on the willingness to confront issues, explore options and make a judgement if any modification is needed. Here is where I think we can take a leaf from some of my patients. As a geriatrician, I have observed that while the complete and perfect formula for successful ageing remains elusive, an ingredient common in most older patients with remarkable clinical resilience (as opposed to frailty) lies in their mental adaptability, a positive mindset and attitude typified by a readiness to make appropriate adjustments in their lives in response to changes in their physiological, social and physical environment. These patients possess an almost childlike enthusiasm to acquire and apply new knowledge, to form new relationships and even to embrace new technologies. Genetic influence aside, those with such a "mind over body" disposition tend to possess the energy, vitality and resilience to achieve an excellent quality of life, based at least on my own anecdotal experience.

So how can we doctors cope with these changes? I am no change management guru, and it is not my intent here to offer any quick solution, but I would like to share some observations and thoughts for us to ruminate. Firstly, I would suggest that the heart or emotional preparedness to conquer change is just as important, if not more, as the cognitive recognition of the need to change. If the heart does not overcome the fear of change, then reading the many books available today on change management is not going to make a substantial difference.

Next, history seems to suggest that in a time when turbulent changes abound, one of the important things to do is ironically to steady ourselves on our traditional values and wisdom, and for the medical profession, this would be our time-tested framework of medical professionalism. This includes ensuring that every practitioner undergoes a mandatory process of rigorous training, certification, strict accreditation and credentialing before being allowed to practice independently. This encompasses professional virtues and requires a near

obsessive insistence on practice environment and best practices that ensure quality care and safety for patients. This entails a sustained sense of scientific curiosity to discover and a commitment to strive for improvement via research, innovation and mastery of technology. Anchored by a strong foundation of professional values and trusted frame of reference, doctors may find it more reassuring to evaluate and respond to changes in a constructive and positive manner.

Thirdly, where change is inevitable, adopting incremental measures in an evolutionary manner is more likely to succeed than an overnight revolution, much like the story of heating a frog in a pot of water at room temperature to boiling point versus placing the frog in a pot of boiling water. But if we are not open, even incremental change can be difficult to manage. The value lies in the attempt and evaluation.

Fourthly, framing the change in a positive context and right perspective is important as far as motivation and sustainability is concerned. While change may be discomforting to some practitioners, others have viewed them as heralding the coming of an exciting era filled with new opportunities and challenges.

In practice, this may mean a reengineering of the care delivery process that we are familiar and comfortable with, even to the point of delegating certain professional tasks to our non-medical colleagues. It may also involve embracing IT and gadgets. It may require the doctor to change his style of communication with his patients to achieve trust and compliance. It may mean getting accustomed and comfortable with "good enough", instead of the "best possible", for the sake of benefiting more patients.

Some years ago, while attending a conference in the city of Toronto, I managed to locate the restaurant of one of my favourite chefs after a 45-minute walk. During dinner, I bought a cookbook that he authored and after a brief chat, he duly autographed the book with the following words of advice: *"preserve the old, but know the new"*. The management of the rapid and complex changes around us involves knowing what to preserve, and how to learn and benefit from these new developments, in order for the medical profession to remain relevant and vital to society as healer and moral institution. SMA

A/Prof Chin is President of the 53rd SMA Council. Like most doctors, he too has bills to pay and mouths to feed, and wrestles daily with materialistic desires that are beyond his humble salary. He, however, believes that a peaceful sleep in the night is even more essential.