

# WEATHERING THE STORM *Together*

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Every August, we celebrate Singapore's independence. This month, *SMA News* focuses on "healthcare defence" and I have three key topics to address:

1. Health insurance
2. Defence against dissension
3. Strength in unity

## Health insurance

I have been aware of the issues with insurance companies and third-party administrators (TPAs) (read more at <https://bit.ly/SMAnews4808>) since I joined the council in 2007. In the past year, after I stepped into private practice myself, I have heard even more first-hand accounts. Many people have strong opinions about the problems and some have proposed solutions. The challenge is, as always, in getting the various stakeholders to the table for amicable discussions.<sup>1,2</sup>

As a consumer and a customer myself, I am dismayed by the unilateral insurance-related changes that took place in the past months: by my provider in terms of premiums and coverage, and by the whole industry in re-defining "critical illness". It seemed unfair, but I forced myself to look at the global problem. What caused the need for them to raise

premiums and tighten up definitions? Healthcare economics is beyond my training and understanding, but I can appreciate the complexity of the problem. It is not going to be easily solved.

Off the cuff, I can summarise some key points that we (all stakeholders) collectively should acknowledge and discuss:

- a. Right-siting of care
- b. Allow patients the freedom of choice
- c. Education about the different access to healthcare (subsidised vs private care in restructured hospitals, private hospitals, or even overseas specialist care)
- d. Respect fellow colleagues: in the appropriate remuneration of services rendered
- e. Understanding the different components of healthcare costs – hospital bills contribute a significant proportion as well
- f. Role of private practice in reducing the load on restructured hospitals

I am aware of several interest groups gathering momentum. This kind of ground-up initiative is deeply appreciated, as I need to know the troubles faced by doctors outside

of my area of practice. Do approach your professional body (be it the SMA, Academy of Medicine, Singapore or College of Family Physicians Singapore) and share your discussion points, concerns and proposals. Within SMA, the private practice committee is looking into this matter, but the committee members are limited by time and breadth of knowledge of the problems. If you feel strongly about an issue, let's team up and reduce unnecessary overlap of work.

## Defence against dissension

My Facebook friends would have read my post in early July, about two social media events that have directly affected me.

The first was a claim on WhatsApp and Telegram that the "SMA President" wanted a survey done. We managed to track down the originator, who stated that it was misunderstood by other colleagues and he sent out a separate amendment. The SMA also sent out an email blast to inform our Members.

The second was also spreading on Telegram, stating that the "SMA President" will take action if "20 members" write in. The two friends who posted this were gracious in acknowledging that they had

copied it from another forum. The originator later also apologised for the misunderstanding.

I am relieved that both incidents had happy endings. Honestly, I don't see any prevention nor defence against social media misrepresentation. I can only ask friends, acquaintances and SMA Members to give me the benefit of the doubt and seek the truth for yourself.

I have stated a few times since the start of COVID-19 in Singapore that our greatest enemy is "fake news" – whether intentional or misguided. Let's think critically as we receive each piece of information.

- Is this a fact or an opinion?
- If it's a fact, what is the source? Is the source reliable?
- it's an opinion, should I pass it on? Or should it stop here?

Finally, if unsure, ask the originator.

Here are some **fictional statements** for you to read through, and to practise the skill of critical and logical thinking on:

*"TYS scolded me once when I was her house officer. She is a nasty woman."*

*"I think TYS must be pregnant, because she looks like she put on weight."*

*"TYS posted a photo with some guy recently, I heard they are dating."*

I hope that the readers here are discerning and can see how a statement of fact coupled with an opinion can easily be taken to be factual. Being a netizen who gets most of my information from online sources, I am also continuously developing this essential skill.<sup>3</sup>

More seriously now, whenever we read any comments or articles that relate to healthcare, let's not merely react, but be critical readers. We have a lot of real problems to try to sort out, and we should not be distracted by poor reporting, sloppy writing, or just plain laziness which may place quotations out of context. At this time, more than ever, the healthcare community must stand united – do not let third parties cause internal strife. Keeping an open line of communication is key.

### Strength in unity

We use the hashtag #SGunited, but are we really? In our own medical community, are we truly looking out

for one another? I frequently hear how "SMA never does anything", which is not what I have experienced in the Council. The amount of volunteer time that Council doctors, and all the other committee members (*SMA News*, *Singapore Medical Journal*, Centre for Medical Ethics and Professionalism, Special Interest Groups, CPR, etc) have put into the weekend events, night meetings, afternoon meetings and engagements with the Ministry of Health and other stakeholders, is not a small amount of time. The office bearers of the other professional bodies have also sacrificed a lot of time to advocate in different areas.

People keep asking for "SMA" to solve problems. Who makes up the SMA? After I was elected to be President, people started coming to me directly with complaints. I found myself considering: should I brush these complaints aside? Why should it be MY problem to solve? Well, I figured, the price of leadership – holding office (even if it's an unpaid position that others may not want) – is that it IS indeed my problem now. The doctors who attended the Annual General Meeting unanimously voted for me for the post of the SMA President. How could I let them down?

But I, alone, cannot do it all. Even the Council, the 20 of us, cannot do THAT much. Systemic problems need system changes. And system changes need everyone to be on board.

In the past decade serving on the SMA Council, I have observed that how active SMA is also depends on the dynamics of the actual people serving. Allow me to share again, what the 20 doctors in the SMA Council actually do:

We meet once a month, 9 pm to 12 midnight, to review and run through a long agenda of various matters. When we need things done, it is still the same 20 people doing. These may involve meetings, drafting letters and projects. Most of these issues will need to be carefully managed over the subsequent weeks or months, with follow-up emails, meetings and calls.

Doctors in private practice need to take time out from clinical work (to put it bluntly, this means loss of income), and doctors in restructured practice may need to take leave. Everyone gives

up personal time – time that could perhaps have been better spent with family. Many of us continue serving on the Council because we believe in serving our medical community, and we will put in the time. So, "asking SMA to do something" isn't as easy as it sounds. I have pondered this problem for years and that is why, since I took up leadership in mid-April, I have actively invited people to help by giving their time, energy and brains in sowing the seeds of change.

To my dear SMA Members, thank you for your support. I hate to sound like a loan shark, but please remember to pay the membership fees! The money goes to paying the staff who support all the different projects we do. For those who are not yet members, I hope that I can show you what the SMA stands for and have you join the SMA in due time.

It's a time of change.<sup>4</sup> Come help us make these changes stick. Be the change that you want to see. ♦

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### References

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Dr Tan is a mother to three kids, wife to a surgeon; a daughter and a daughter-in-law. She trained as a general surgeon, and entered private practice a year ago, focusing on breast surgery. She treasures her friends and wishes to have more time for her diverse interests: cooking, eating, music, drawing, writing, photography and comedy.

