ADDRESSING WHAT A DOCTOR CANNOT DO ALONE

Text by Dr Lee Pheng Soon

Dr Lee Pheng Soon was first co-opted into the 33rd SMA Council (1992/1993) by Dr Giam Choo Keong. Dr Low Lip Ping (author of the Opinion article on page 14) was a fellow Council member. Dr Lee has continued as an elected Council member from the 34th Council to the present 64th Council. He was SMA President for three years, starting from the year of the SARS outbreak in 2003, and was the first doctor to attain 20, then 30 years of continuous service as an elected Council member. To mark his 30-year Long Service Award, *SMA News* invited Dr Lee to reflect on his experiences with the SMA, and share what he sees as the role of SMA in these rapidly changing times.

Dr Lee is from the fourth generation of doctors in his family. His maternal great-grandfather and his paternal grandfather were graduates of the 2nd (1911) and 9th (1918) cohorts of Singapore's Medical School. Their descendants served the SMA with distinction, including as former Presidents. Now retired from a career in Pharmaceutical Medicine, Dr Lee continues this tradition, serving the community as a HDB Family Physician, and the Medical Profession as a SMA Old-Timer.

The Ministry of Health (MOH) recognises more than 15,000 doctors and acknowledges three Professional Bodies: the Academy of Medicine, Singapore; the College of Family Physicians Singapore (CFPS); and the SMA. SMA was first set up in 1959, and its achievements have been well documented in its 60th anniversary issue (https://bit.ly/5105-Contents). Over these 65 years, different Presidents and Councils have had different visions for "what SMA means". The earliest vision is written in SMA's crest: "Jasa Utama" (Malay for "Service before Self"). In 2015, a new slogan was adopted, "For Doctors, For Patients", acknowledging SMA's expanded scope in society.

If you were to ask individual doctors, "What does SMA mean to you?", you would get many different responses. In this increasingly complex world, every doctor inevitably encounters situations where even his/her best efforts will be insufficient. In clinical matters, a doctor can refer to more specialised colleagues for advice, but in matters relating to the practice ecosystem, one can only turn to his/her professional body. In good causes affecting doctors and patients, where an individual doctor cannot do what is necessary for himself/herself, the SMA should stand in for him/her. I see this as SMA's duty, perhaps even its raison d'être.

I first witnessed this in real life in the field of medical indemnity 22 years ago, when the SMA President, Council members and its Honorary Legal Advisor battled to help 1,800 doctors in serious trouble – more serious than they perhaps even understood then.

When doctors meet trouble

Every doctor needs indemnity against malpractice. A/Prof Goh Lee Gan expressed it thus: "[T]here are the unavoidable mishaps that happen in medical practice. Things will happen, whether because of misadventure or bad luck. As the Chinese saying goes, 'If one were to go up the mountain often enough, one would meet the tiger.'"[1]

To this I would add: "As the doctor neither knows when he will meet the tiger, nor how ferocious the tiger will be, he needs a reliable partner who always has his back, and who carries enough bandages and a tourniquet for his wounds after the fight." In other words, malpractice indemnity for the doctor must be good and reliable, and should provide uninterrupted cover – from the first day of work as a house officer, till the expiry of the statute of limitations years after he/she has retired.

When Singapore doctors suddenly lost protection

In real life, doctors can only do three things regarding indemnity: choose their indemnity provider, pay their premiums faithfully and pray nothing major goes wrong with their provider. But what happens when something major does happen? In 2002, I saw first-hand how one-third of Singapore's doctors were affected by the failure of their indemnity provider, how it left them helpless as individuals practising without cover, and how the SMA represented them to find a solution not available to themselves as individuals.

Until 1999, the two main providers in Singapore were Medical Defence Union (MDU) and Medical Protection Society (MPS), both based in the UK. In September 1999, MPS absorbed MDU's Singapore portfolio, when MDU withdrew from Singapore as part of a global reorganisation. To allow doctors a choice in future years, SMA President A/Prof Goh Lee Gan invited Australia's largest medical insurer, the 109-year-old United Medical Protection (UMP) to be a second indemnity provider in Singapore. Unexpectedly, UMP failed in 2002, and "a third of Singapore doctors (1,800 doctors) were left running for cover".[2]

The impact on these UMP-insured doctors was like a perfect storm: support for incidents already reported was suspended (though this was eventually honoured), incidents that had occurred but had not yet been reported ("IBNR") immediately had no cover, and doctors had to work without any indemnity cover. Even buying a new policy immediately would not provide cover for the gap between the end of UMP coverage and the start of the new policy (known as the "nose period"). This was really bad, and to some doctors with reported incidents or IBNR, it could amount to financial disasters.

No doctor could do anything about these body blows as an individual. I know; I was one of them.

SMA steps in to help

As an organisation, SMA had resources and connections that allowed it to attempt efforts not available to individuals. After confirming that neither the MOH nor Ministry of Foreign Affairs were in a position to help, SMA sent Dr Wong Chiang Yin (who was already in Australia for other reasons) to meet with UMP management to clarify the precise position that Singapore doctors were in. It was not good.

Then, "on 2 May, the SMA Council, at an extraordinary Council Meeting, decided to be proactive and to look for alternative cover. So, directions were given to talk to two parties – MPS and NTUC Income. Dr Lee Pheng Soon spearheaded the MPS venture and asked for prospective and nose covers. A/Prof Goh [Lee Gan] spearheaded the venture with NTUC Income, and held discussions with Mr Tan Kin Lian, CEO of NTUC Income, about providing medical indemnity cover for doctors."[1]

In the event, MPS generously extended nose coverage without additional cost, and the many former UMP-covered doctors who took up MPS membership were immediately covered prospectively and retrospectively. NTUC Income offered lower-priced claims-made policies to doctors. This resolution pulled together by SMA was imperfect, but it left no doctor more exposed than before UMP's collapse, and it secured a future with adequate indemnity protection for the profession. In a dialogue session on 2 September 2002, SMA's Honorary Legal Advisor Mr Lek Siang Pheng remarked that, in terms of indemnity cover moving forwards, the situation of two available alternatives, namely MPS and NTUC Income, was similar to that in 1999. Twenty-one years later, I still remember him burning the midnight oil for months, supporting us.

Finally, in September 2005, UMP contacted 1,314 Singapore doctors and offered a pro-rated refund of their subscriptions in return for a deed of release. From then till now, SMA has continued to work at improving the quality of indemnity options available to Singapore doctors. One such effort included providing input to the eventual form of the present indemnity covering all doctors employed by Ministry of Health Holdings, currently run by insurance broker Marsh.

Other examples of SMA's contributions

Though it was dramatic and affected many doctors, the 2002 indemnity crisis was not the only instance where SMA, as an organisation, actively stepped in to support doctors when they struggled as individuals.

Some such instances recalled by fellow Council members, past and present, are shared in the table on the facing page.

There are many more situations where SMA had helped when individual doctors could do nothing. Some were futile situations where it was important just to put SMA's position on record. Nevertheless, I think it is fair to say that in the past 30 years, SMA has not been neglectful in this one area of work: stepping forward and doing things that individual doctors cannot do by themselves.

1994	▶ Formation of the Medical Officers' Committee, to better understand and represent junior doctors as a group.
2000	▶ Founding of the SMA Centre of Medical Ethics and Professionalism (CMEP), to teach medical ethics and champion ethical thinking. A dedicated Centre could showcase ethics as the spine of medical professionalism, and over the next 24 years, SMA CMEP would accomplish this in a way that individual doctors cannot in their daily work.
2000–2002	▶ SMA repeatedly spoke for the removal of the one-third quota imposed at that time on the intake of female medical students.
2003	▶ At the onset of the SARS outbreak, there was no national stockpile of personal protective equipment or N95 masks, and none were available for sale. SMA successfully sourced critically needed N95 masks for private sector doctors. Older GPs will remember the long queues of doctors patiently waiting for their allotment at the old SMA office. This was a life-saving luxury; the newspapers at that time carried many images of less-fortunate medical staff in other countries improvising face covers from surgical gauze. These queues were repeated recently during the epidemic phase of COVID-19, when SMA helped distribute free hand sanitiser provided by the Temasek Foundation, as well as selling batches of N95 and surgical masks from MOH stockpiles (together with CFPS).
2007	▶ The Medical Students' Assistance Fund was set up, following a survey of medical students' financial backgrounds. The SMA Charity Fund (SMACF) was later set up in 2013 to better raise funds and support needy medical students. It absorbed and took over the functions of the Assistance Fund. In 2022, the SMACF supported 51 students with bursaries totalling $255,000, and has to date disbursed 472 bursaries totalling more than $2.1 million.
2016	▶ Male Residents undergoing their National Service (NS) reservist stints found that this time away was included in their total days of absence from their medical training. This adversely affected their Residency performance. After SMA spoke to the Ministry of Defence and sponsoring institutions, NSmen were advised to notify ICT dates to their Programme Directors (PDs) earlier, to allow PDs to try arrange their schedules to avoid the need to remediate or repeat the affected posting.
2020	▶ Over 1,500 doctors had their practice details listed on a "medical concierge" website without their permission. Its management also pointedly ignored any individual doctor's protests. Following requests for help from doctors, SMA coordinated action that resulted in the company deleting this information.
2021	▶ SMA provided input in the forming of the Multilateral Healthcare Insurance Committee (MHIC), whose work has resulted in more equitable treatment of doctors and patients. Before the formation of the MHIC, individual doctors were powerless when they felt unfairly treated by insurance companies.
Ongoing	▶ The SMA Doctors-in-Training Committee advocates on behalf of junior doctors on topics such as work hours, career opportunities and remuneration. SMA is also represented on the MOH National Wellness Committee for Junior Doctors.
Ongoing	▶ SMA CMEP is preparing to offer modules in Medical Ethics and Professionalism, to enable doctors to earn Core Ethics continuing medical education points necessary from 2024 onwards.

Concluding thoughts

Every month, the SMA Council receives a few resignations from Members. The most common reason given is "I am not getting any value for my annual subscription."

There is a lot of truth in that. The annual subscription could be used for something else. For example, to a stressed-out doctor seeking entertainment, the SMA cannot possibly compete with 20 cinema tickets a year.

Even so, I urge all of us to change our mindset and think instead: it is not about what SMA can give me, the individual doctor, but it is about what SMA can do for ***all*** doctors when individuals are powerless. The record is clear – decade after decade, SMA has repeatedly stood up for the medical profession, especially when the individual doctor is helpless in the face of an unfair or unjust situation affecting either doctors or patients. Very bluntly put, it is a matter of SMA needing our support, rather than what we can get out of SMA for ourselves. So let us all stay engaged and help by supporting SMA's work silently or, better still, by participating actively. Remain in and recharge your SMA. Encourage your President and your Council members, as they continue working for doctors and for patients. And please never forget: if it is to continue doing more for everybody, the SMA needs **you**. ◆

References

1. Goh LG. The Inside Story of UMP Singapore. SMA News [Internet]. September 2002. Available at: https://bit.ly/3L0qkq8.

2. Tan HL. Doctors look for cover. TODAY. 5 July 2002. Available at: https://bit.ly/41TPGgi.