SPECIAL A.G.M. ISSUE

SINGAPORE MEDICAL ASSOCIATION

MEDICAL Newsletter

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The Doctor and Community Services

Dr Ang Kok Peng, the Minister of State for Health said at the Opening of the Exhibition on "The Doctor and Community Services", that medicine as an occupation has undergone tremendous changes since the days of the shaman who also doubled as priest and sorcerer in his primitive community. The combination of medical and priestly functions was not without advantages; it gave the shaman's prescribed treatments more efficacy as they were presumed by the people to have received divine backing during the magical rites and incantations that formed part of the treatment. There must have been many who were cured more through their faith in the divine backing than through the real efficacy of the medicine.

Although a doctor does not pretend to have divine backing for his prescribed treatments, he will agree that the faith of the patients in him goes a long way to help the process of recovery from illness.

While the shaman could rely on the general ignorance and superstition of his patients for acceptance of the non-medical aspect of the treatment, a doctor has to win the confidence and respect of his patients through his proven skill and reputation and the way he handles the patients. Just as the patient's awe was an essential part of the shaman's treatment, the rapport between the doctor and his patient is very much an integral part of modern medicine.

True the doctor does not have the demi-god status of the shaman, his position in the community is nevertheless relatively high. This is so by virtue of his special knowledge and the nature of his work which concerns the health and well-being of the community. Also because of the nature of his work, much more is expected of him than his technical skill as a doctor. There is a Chinese saying (醫者父母心) which roughly translated means that a doctor should treat a patient with the same concern as that shown by a father and mother toward their beloved child. Because of such an expectation it is not enough for a doctor to render purely professional service alone; he has to show compassion for his suffering patients.

Traditionally, his profession calls for dedication and his services cannot be adequately expressed in terms of dollars and cents. The real reward is in a personal satisfaction of having relieved sufferings and saved lives. His high standing in society has withstood the test of time while the status of members of a certain profession has suffered successive devaluations especially during the past few decades, partly due to events external to the profession and partly due to a dilution of the quality of people entering the profession and loss of dedication of its members.

The high quality of health service in Singapore to-day is due to the efforts and dedication of a large number of very able and well qualified personnel. It is a service that has received favourable comments from local and outside quarters. However, we should not be complacent but should continue to strive for excellence and contribute our share to maintaining and raising the quality of the health service in this region.

Before I conclude I would like to congratulate the organisers of this exhibition for their splendid work. And now I have great pleasure in declaring the exhibition open.

MEDICAL SINGAPORE MEDICAL ASSOCIATION Newsletter

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REMINDER

15th ANNUAL GENERAL MEETING OF THE SMA

Members of the S.M.A. are reminded that the Association's Annual General Meeting will be held –

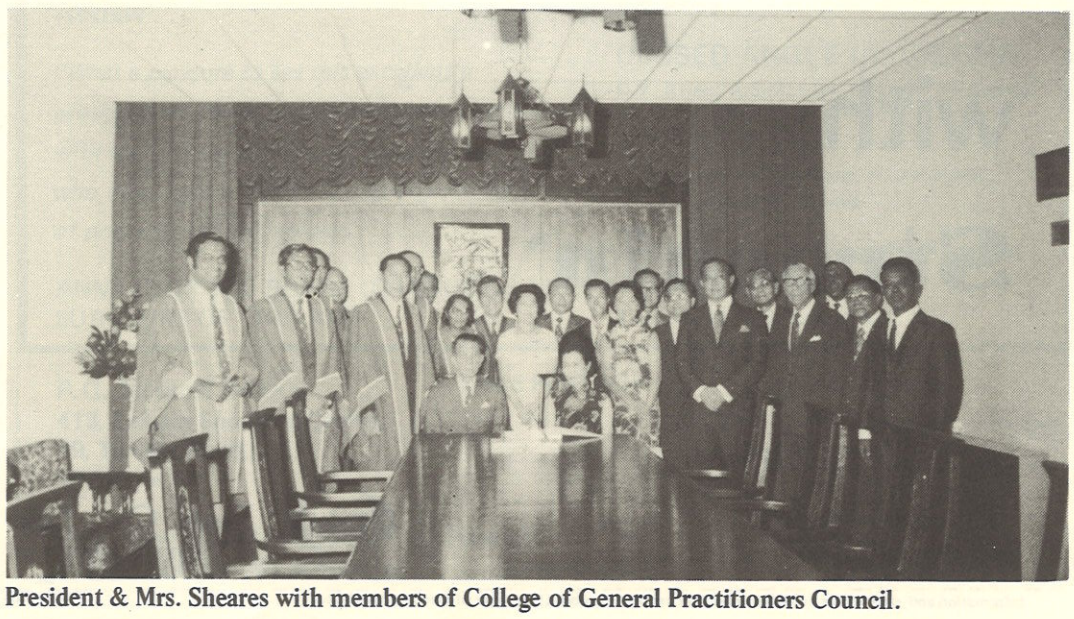
on: Sunday, 23rd March 1975
at: 2.30 pm sharp
at: Academy of Medicine Lecture Theatrette
Alumni Medical Centre, Singapore 3.

and they are requested to make every effort to attend the Meeting.

Dr. Toh Keng Kiat
Hon. Secretary

President & Mrs. Sheares visit the Academy of Medicine & The College of General Practitioners on 19th January 1975

President Sheares, the Academy's Patron seen signing the Visitor's Book



President & Mrs. Sheares with members of College of General Practitioners Council.

VIEWPOINT

HERE WE GO AGAIN...

Once again, the time has come for you to choose your S.M.A. Council. Here is the opportunity for all you arm-chair critics to do your part in serving on the SMA Council instead of sniping at the side-lines. All the 'hot air' generated at the Alumni lunch discussions and the coffee-room debates at the hospitals will go to waste if they are not put to concrete use by electing the 'right' chaps into office. You have only yourself to blame if you don't stand for office or elect your representatives into office.

What has become of the SMA? This is the question often asked by our members. Once upon a time the SMA was a very dynamic body hitting the headlines on many issues of controversy affecting both our profession or our Society. With time and maturity, the maverick seems to have quietened down and in the past few years, the SMA has become a self-effacing body like so many other professional bodies in Singapore. Today, if you were to ask the member of public what does SMA stand for, you are likely to be told that it is the Singapore Manufacturers' Association rather than the Singapore Medical Association. This perhaps reflects the priorities in Singapore today where health and medical services are of secondary importance compared to the demands for jobs, the urge to get ahead in Society regardless of health in pursuit of wealth, and the need to build a technocratic Society. Where is the place of the SMA (the medical one, I mean) in the context of such a Society?

Surely as a medical body, we can warn our public the consequences of striving to acquire personal material wealth at the expense of our physical and mental health. We should try and prevent our eager and hardworking executives and indefatigable civil servants from getting peptic ulcers and mental breakdowns with timely advice about over-work and stress in pursuit of the 'protestant work ethic'. And what about our anxious parents doing their best to make little Ah Fook or Ali into schizophrenics, with help from the Ministry of Education, by cramming their little heads with all the facts which we don't know or are unable to learn during our own school days? We must realise that there is a limit to the physical and mental capacities of our children and most of them are not Einsteins with the physical prowess of Mohammed Ali and born linquists, much as we desire them to be.

One reason for the lack of interest in the SMA is the lack of continuity in the Council. The proposal from the outgoing President deserves our support. It is reasonable for Council members to be elected for longer terms of office and to abolish the post of President-Elect. This will enable the Council to hold office and start with a clean slate, so to speak, instead of having a President elected from a previous AGM. For long term projects where continuity is essential, the present system of yearly elected Council Members is unsatisfactory.

Finally, let me remind our young turks that 'the band of old men' need not be at the helm of the SMA for long and that it is up to these younger members of our Association to turn out in large numbers to change the status quo. To all our members, young or old, apathetic or active, do attend the AGM on 23rd March. You will only get what you deserve for the next SMA Council if you don't exercise your vote.

– C. N. –

LEST WE FORGET...

In our commendable haste to carry out the policy of "Abortion on Demand", let us not forget the poor mother. Whilst every effort is made to evacuate the unfortunate and unwanted embryo or fetus (one has to be careful in the light of the Boston experience), what safeguards have "the powers to be" done for the safety of the mother?

With the passage of the latest Abortion Bill, all medical practitioners are allowed to perform abortions in the first trimester of pregnancy in their private clinics provided they have some training in an established unit of the Government Hospitals for six months. What we would like to know is the guide-lines for such training and supervision. At present the clinical attachment of medical practitioners is left willy-nilly to the whims and fancies of the departmental heads provided the Ministry of Health have approved the applicants. Surely it is in the interest of the Ministry and our Profession, that a standard course or programme be introduced so that every trainee is competent and knows his limitations before letting him loose on the unknowing public. It would be a tragedy if a mother is maimed or died as a result of an abortion carried out in a private practitioner's clinic. What would the 'quacks' say then if our learned profession is guilty of the very faults we have accused them in the past!

Whilst many practitioners in general practice are experts in the field of abortion (it is rumoured that these experts will put the specialists in the hospitals to shame with their techniques), there are many who wish to carry out this operation with less aptitude and have forgotten their Ob-Gyn taught during their medical school days! For these group of doctors, it is essential that they undergo a proper course in first trimester obstetrics. In this way they are less likely to make mistakes such as underestimating the size of the uterus (women's LMP are notoriously inaccurate) and taking on more than they can chew.

Have any inspections been made to the approved clinics by the Ministry to see that there is a minimum of resuscitative equipment and drugs in case of emergency? One shudders at the thought of the poor doctor in his private clinic in a shopping centre, waiting for the lift to come, whilst the poor patient with a perforated uterus and loops of gut in the vagina is waiting for transfer to hospital! We will surely need a 'Flying Squad' service then! Lastly the granting of approval of sterilisations in private clinics need close scrutiny. Tubal sterilisation whether done by the abdominal or vaginal route, is a major operation since in both cases the peritoneum has to be opened. Such operations should only be done in proper operating theatres and only by gynaecologists or surgeons. Let not the profession soil its noble name in the pursuit of zero population growth. We must at all times think of the patient's interest first.

– C.N. –

The Medical Exodus

The previous editorial has drawn our attention to the large number of resignations of doctors from the Ministry of Health and the clinical staff of the University that these doctors are from the usual denials from the Ministry that these doctors are expendable from the service, can Singapore continue to let this state continue? We have (or? had) one of the finest medical services in this region by virtue of the calibre of the medical staff. We know of countries where impressive hospitals are built but with empty wards because of lack of medical and ancillary staff. Let this not happen with our new General Hospital and the University Teaching Hospital in Kent Ridge.

The large number of resignations are not confined only to Malaysians but to many 'true Blue' or, if you like, pragmatic Singaporeans. The type of doctors also span the range of talents and experience. With the plans for expansion of the Health services i.e. more clinics and hospitals, further loss of doctors from the medical services may jeopardise these plans.

The press (both English and Chinese) have come out with comments of their concern and the issue has also been raised in Parliament. If money is the only cause for the resignations, then the Singapore public and Government should remember the adage that 'you pay for what you get'. If they are as pragmatic as they are reputed to be, then it is easy for them to understand that things of quality cost money and if they want the best medical service, then they will have to pay for it. The alternative is to re-introduce private consultation fees and operating fees to all doctors in the medical services to supplement their salaries from the Government. Perhaps the way to solve this dilemna is to appoint a Board of Enquiry to look into the grouses of the medical profession in public service. To pretend that this problem does not exist by the Ministry of Health is to court more problems in the near future.

– C.N. –

LETTERS

(Not to be quoted by the Press)

Dear Sir,

Please allow us the courtesy of your columns to comment on L.V.C.'s article "A new breed of patients" (SMA Newsletter Dec. 1974/Jan. 1975). It is not our intention here to argue the controversial issue of labelling of dispensed medicines. L.V.C. is entitled to his views on this matter.

Our reason for writing is to focus attention on the following paragraph in L.V.C.'s article: "The Lethal Dose of modern drugs or in lay terms, the safety margin of drugs is such that even if a patient consumes all his dispensed medicines (usually between 8 to 12 doses) at one go, there is no fear of immediate death. Resuscitation of such a person is by a thorough stomach washout and observation."

Let us examine the full implications of the above statement. Firstly, it promotes the concept that modern drugs have such a wide margin of safety that there need not be undue anxiety even if a patient takes 8 to 12 times the recommended dose "at one go". We shudder to think of the consequences if this happens to a patient on treatment with either a cardiac glycoside, an anticoagulant or an oral hypoglycaemic agent, just to quote a few examples!

Secondly, in the management of acute poisoning following overdose with such drugs L.V.C. indicated that resuscitation is by "a thorough stomach washout and observation" of the patient. Though this may have been the accepted practice a few decades ago, the situation has changed somewhat with a better understanding of drug action and pharmacokinetic principles. The practice advocated by L.V.C. should arouse much concern among members of the medical profession. It would indeed be quite tragic if patients acutely poisoned with either hypoglycaemic agents, anticoagulants, cardiac glycosides or narcotic analgesics, or even with acetylsalicylic acid or paracetamol were merely treated by "a thorough stomach washout and observation" only.

We feel obliged, as medical educationists, to write this letter since your Newsletter is widely read by both practising doctors and medical students; such misconceptions as expounded by L.V.C. can lead to a reversal of medical education which will certainly be detrimental to the practice of medicine.

Yours faithfully,
M.C.E. Gwee,
T.S. Yeoh.

The Medical Specialeast

Poor LVC has got the wrong end of the stick! The satire on "The Medical Specialeast" must be read between the lines.

In a satire, art is needed in concealing art and while LVC is entitled to his own interpretation, I think the principal target of the satire is a certain departmental store in Singapore masquerading as a specialist.

Perhaps LVC should read the skit again. He will probably enjoy it this time.

MEDICO

Dear Doctor,

I wish to express my appreciation in regard to Dr. V.C. Leong's article on The Implication of Labelling published in your last newsletter. It is an article well written and I am sure Dr. Leong has taken a tremendous lot of time in research and writing. I feel that the article perhaps expresses best most of our opinion in regard to labelling.

There has been many letters and articles written and published in the lay press by non-medical personnel. Perhaps you may consider it is time that an article of this nature expressing the majority medical opinion be allowed to be published also in the lay press.

Thanking you,

Yours sincerely,
Dr. Thomas W.H. Lim

Dear Sir,

S.L.'s letter on "Specialists doing General Practice" has certainly generated further comment. There is a doctor who announced through the SMA that he was opening up practice in a certain field and who now administers smallpox and cholera vaccinations in his specialised clinic. Another doctor who announced participation by a colleague in his practice attends to an airline staff.

I think I have thought of a positive way in solving this problem by provision of a classified section in the SMA Newsletter. Thus space would be provided for doctors starting up, relocating, changing the nature of their practice, etc., irrespective of whether they are general or specialised practitioners. In this way the Newsletter would serve its members by constantly updating our records of our colleagues.

Whether a doctor is doing general, partly specialised or wholly specialised practice will depend on definition of terms, the opinion of colleagues and ultimately on acceptance by the community in which he or she resides.

Yours very truly,
F.C.

SINGAPORE SOCIETY OF NEPHROLOGY
Programme for April 1975

April

3.4.75 – Clinical nephrology round in **Medical Unit II**, Singapore General Hospital, at **3.00 pm.**

10.4.75 and 24.4.75 – Clinico-pathological sessions at **3.00 p.m.** in **Department of Pathology**, Singapore General Hospital.

17.4.75 at 3.00 pm. – Scientific talk – Urinary tract infection by Dr. Chan Yat Wah at the **Brunel Hawes Lecture Theatre**, Medical Unit II, Singapore General Hospital.

17.4.75 at 4.30 p.m. – Combined scientific meeting of Endocrine and Metabolic Society, Radiology Department and Nephrology Society of Singapore at the **Brunel Hawes Lecture Theatre**, Medical Unit II, Singapore General Hospital.

Subject: Renal Osteodystrophy
Speakers: Pathogenetic mechanisms – Prof. Lim Pin
Radiological aspects – Dr. Lenny Tan
Clinical aspects and management – Dr. Gordon Ku

All Are Welcome.

(Dr. Gordon Ku)
Hon. Secretary.