



# President's Welcome Address

By A/Prof Chin Jing Jih

*The following is a shortened version of A/Prof Chin's address. To read the speech in full, go to <http://goo.gl/ynrzgu>.*



**Standing, L to R** Dr Noorul Fatha As'art, Prof Wong Tien Yin, Dr Toh Choon Lai, Dr Wong Chiang Yin, Dr Benny Loo, Dr Chong Yeh Woei, Dr Tan Tze Lee, Dr Lim Kheng Choon, Dr Abdul Razakjr Omar, A/Prof Tan Sze Wee, Dr Bertha Woon, Dr Tan Yia Swam, Dr Daniel Lee, Dr Anantham Devanand and Dr Lee Yik Voon

**Sitting, L to R** Dr Tammy Chan, Dr Toh Han Chong, Mrs Poh Soo Chuan, Dr Poh Soo Chuan, A/Prof Chin Jing Jih, Minister Ng Eng Hen, Prof Ivy Ng, Dr Wong Tien Hua, Prof Abu Rauff and Mrs Abu Rauff

Many of these developments challenge the conventional models of care delivery, and spark the need for innovations and change in order for the system to cope and be sustainable. Doing the same thing over and over again, or even at greater frequency are no longer viable solutions, and will not result in the needed increase in productivity.

Take for example the use of physician extenders, which involves delegating specific clinical tasks to non-doctor healthcare professionals. Examples would include the use of nurses with master's degrees in Advanced Practice Nursing to titrate medication for stable diabetics and heart failure patients; nurse clinicians to help monitor and counsel patients with HDL or hyperlipidaemia, diabetes and hypertension; clinical pharmacists to run anti-coagulation clinics that titrate the dosage of anti-coagulants; cardiac rehabilitation nurses to do early review of post-percutaneous coronary intervention patients; and optometrists to monitor stable glaucoma patients. These are all innovations that have resulted from "burning platforms", where healthcare workers struggle on a daily basis to meet rising demands of accessible and affordable healthcare. Many healthcare providers, both overseas and locally, are increasingly looking at delegating tasks that are less dependent on doctors' clinical judgements to physician extenders such as trained nurses, pharmacists and allied health professionals. In these initiatives, concerns about quality and clinical governance are generally addressed via specific frameworks of training and upskilling, and circumscribing the responsibility via well-defined clinical protocols.

Such innovations free doctors from some of their conventional duties. These tasks can now be taken over by other appropriately trained healthcare providers, thereby allowing doctors to better focus their professional time and energy on responsibilities that others are not equipped to handle. Examples include managing more complex patients, making difficult clinical judgements or performing technically challenging procedures. Ultimately, it allows more efficient and productive use of doctors' time, thereby achieving appropriate access to their expertise. In some cases, we have also seen that doctors are now able to devote more time to research, quality improvement and teaching to further enhance the care delivery system.

Many of these changes described above have significant gains for the healthcare system as a whole. But they also have

### **Dealing with changes and challenges**

Some of you who were at last year's dinner may recall that the SMA leadership was undergoing some rather unfounded criticisms by a couple of seniors then. Events have shown that we did nothing wrong but were, in fact, just doing our job as the Voice of the Profession. This year, we're in a far more relaxed mood, but it doesn't mean that our job is done. As I have always been reminded, the job is never done. So you may ask, what keeps us awake now at the SMA Council?

Well, one thing that keeps us on our toes is whether after years of comfort and security, the profession is prepared for the rapid changes that are taking place in the rest of the world. And by the rest of the world, I am referring to the world outside the fences of Medicine. And like the rest of the world, the practice of Medicine is also under constant pressure to change, whether we realise it or not, and whether we like it or not. Some of these changes are positive, while others may not be so.

With a rapidly ageing population, rising patient expectations, greater demand for transparency and accountability, the landscape of healthcare delivery and doctor-patient engagement are evolving so swiftly that many of us who practise at the frontline of care can barely catch up. On a daily basis, we are facing bed crunches and manpower shortages, and the dark clouds of medical litigation and defensive Medicine loom ominously over our heads.



A/Prof Chin delivering his address during the SMA Annual Dinner

implications on the way Medicine is conventionally practised and on the role doctors play in patient management. The question is: do a majority of our doctors understand the rationale behind these changes? And if we do, are we ready for these changes, and can we continue to find ways, despite the apparent loss of function to maintain our relevance to patients and to society?

I do have my concerns about whether our doctors are ready and prepared, which is why I am raising this rather prickly topic here tonight. Over the last few years, several doctors from different practices and specialties have told me that they are worried about these physician extender projects. Some are even angry, and want SMA to stand against these changes. Many of these negative feelings revolve around the fear that such job redesigning in healthcare will jeopardise the sacred position of the profession and threaten the income of doctors. Some are genuinely concerned about compromise in the quality of care patients receive from these extenders. Most of these complaints were based on an incomplete or erroneous understanding of these innovations. But what is clear is that these doctors may have missed an important point: if these projects are beneficial to patients, it is only a matter of time that patients and society will endorse and accept these new practices, and demand that they be the new norms of medical services. And they would expect too that the medical profession – that has some of the best minds in the country, which incurs hefty public funds to train, and whose members enjoy a comfortable and above average remuneration compared to many other professions – will give its support to these improvements.

My dear fellow doctors, the profession must develop in us an adaptability and resilience to handle these changes. We must be prepared to recognise that our professional

status is not a permanent privilege that can be assumed to last in perpetuity, but rather as a social responsibility to continue to create value for our patients' health and lives, and for society in general. We cannot presume that the way we have practised will always be the best and only way, and will be protected by regulations and the right of professional autonomy. What is important is to ensure that these changes are not in conflict with the fundamental ethical values of our profession. And in this case, it is the objection to a change that benefits the patients that may run against our professional ethos of "patients first".

How then should we approach these changes and convert them from threats to opportunities?

### **Converting threats to opportunities**

My personal view is that we need to adopt an open and refreshing attitude towards positive changes. We need to be prepared and willing to move out of our comfort zone, to tackle complex adaptive health problems, to take on new and appropriate professional roles, and to develop and adopt new models of care delivery. As they say, with power comes responsibility, and with greater power comes even greater responsibility. The best way to ensure that Medicine will always have an indispensable place in society is through our patients. And the social contract between Medicine and society has always been about putting patients' interests first. Only then, can the profession ride the waves of change with confidence, and secure the long term relevance of SMA and doctors.

I feel a compelling need to highlight this tonight before an audience comprising many doctors because I personally believe that unlike a union, the leaders of a patient-centric professional organisation like SMA must be more than

mere representatives of our members. Adaptive leadership involves doing the right thing, even if it means having to disagree with some of our doctors. Leadership also implies a duty to convince our members to also do the right thing, even if it involves a sacrifice of individual self-interest. I hope that we can reflect on this and embrace some of these changes positively, as we rally both the public and private healthcare sectors together to solve the country's healthcare challenges.

In talking about the future of the profession, medical students and young doctors come immediately to our minds. I am very happy that the students are represented here by a number of their student leaders, and I hope that you will have an opportunity to mingle with them after the formalities. Students and young doctors are the future of our profession, and for most of us, they are also going to be our future physicians. But in order for them to weather the storm of change, we need to teach them the right professional values, beyond just technical skills of diagnosing diseases and administering therapeutics and surgeries. The latter are a given, but will not be sufficient to help them stand firm in the face of commercial forces that threaten to undermine the integrity of the profession.

What is equally important is to help instil in them the mental and moral resilience for these young doctors to handle the pressures of practice. Many things we do as doctors are counter-instinctive. As Dr T Thirumoorthy shared yesterday during his Dr MK Rajakumar Oration, to demonstrate calmness and professional demeanour in intense emotional situations is counter-instinctive. To demonstrate compassion and empathy when one is deprived of sleep and food is counter-instinctive. To show respect and integrity to a lying, foul-mouthed, aggressive patient who consistently fails to take his medication and help himself is counter-instinctive. In short, becoming a professional is a prolonged uphill counter-instinctive journey, which can lead to chronic stress that if unaddressed, will eventually result in professional burnout, a loss of joy and passion at work, and worse, cynicism and depression. Some eventually drop out of practice. SMA recognises that most of these young doctors are nested in the restructured hospitals during their early years of training, and we recognise too that the hospitals have been trying to address the problem via their own in-house and residency-linked mentorship programmes.

But SMA too has a group of young doctors, from different hospitals and residency programmes, who are enthusiastic and have expressed a desire to volunteer and share some of their positive experiences with their juniors. So we are hoping to work collaboratively with the medical leadership of the hospitals, so that we may go in and dialogue with the young doctors as a group. We feel that we are in a unique position within the healthcare system, and are able to offer insights from a broader perspective in an environment perceived as friendly by the young doctors.

Our ultimate objectives is simple: we just want to better support our young doctors so that they are better equipped for the future challenges that they may face, regardless of where they practise. The project is still work in progress, but I hope that senior leadership in the hospitals will see SMA's initiative as a bonus, as we hope to complement rather than duplicate the areas covered by the hospitals themselves.

When I was a student, I lived in a non-medical hall of residence for five years. Over the years, in my conversations with my former hostel mates who come from different faculties and professions, I have come to appreciate that the medical profession is highly unique in our overt and frequent acknowledgement of our teachers and mentors in our daily conversations and communications with our colleagues, friends and even patients. Our journey has been more of an apprenticeship, rather than merely getting our degrees. We rarely fail to mention our former teachers and clinical heads, and proudly share how they have patiently guided and transformed us from a group of "blur" and ignorant laypersons to the professional and competent doctors we are today. As doctors, it is in our professional DNA that we must never forget who our teachers and mentors are, and what they have done for us.

So this evening, on behalf of the profession, SMA is honouring three of our iconic clinicians, who were leaders, educators and pioneers in their respective specialties, with the SMA Honorary Membership, which is the highest honour conferred by the Association. These three outstanding doyens have nurtured a whole generation of excellent doctors through attentive mentorship and training, and proactively opening doors of opportunities for them to achieve greater things. Many of their students and trainees have gone on to develop and lead their respective specialties, making their teachers proud by raising the standard of expertise to greater heights. We hope that by highlighting the achievement of these three master clinicians and professional role models, we will all be inspired by their exemplary professional values, legendary work ethic and visionary leadership. In a very short while, you will hear the citations of Dr Feng Pao Hsii, Dr Poh Soo Chuan and Prof Abu Rauff. And I am glad that some of their students and trainees whom they have mentored years ago are able to join us on this special occasion to honour them.

I would also like to take this opportunity to express my sincere thanks to the people and organisations that have been tremendously helpful over the years, helping SMA unconditionally in many of our missions and projects. I would like to thank all of our members and volunteers for your contribution to SMA, and more importantly, to the medical profession. The valuable time, energy and expertise that you have so generously contributed beyond the call of duty is deeply appreciated by us in the Council, because we know that without your support and sacrifices, it would be almost impossible to dream, let alone achieve. ■