EMBRACING LIFELONG LEARNING IN AN EVOLVING MEDICAL LANDSCAPE

By A/Prof Chin Jing Jih

THE WET and gloomy weather in December was a perfect recipe for introspection and retrospection, and the first thing that struck me was how fast 2014 had come and gone. Before I knew it, people started wishing one other either a happy new year or a good 2015. Time seems to be passing more rapidly. Maybe it is simply the effect of a busy, activity- and challenge-filled year. Or maybe, as the Dutch psychologist Douwe Draaisma observes, the intrinsic properties of human memory create a psychological perception that life tends to speed up as one gets older.

But ageing is something we cannot fight against, while professional skills can be kept current and relevant. As doctors, we need to adapt and renew as we confront new challenges and evolutions in our society. We will need to, in addition to retaining and refreshing our technical skills as diagnosticians and healers, look into acquiring other types of professional competencies that will help us to weather some of these changes with confidence and capability.

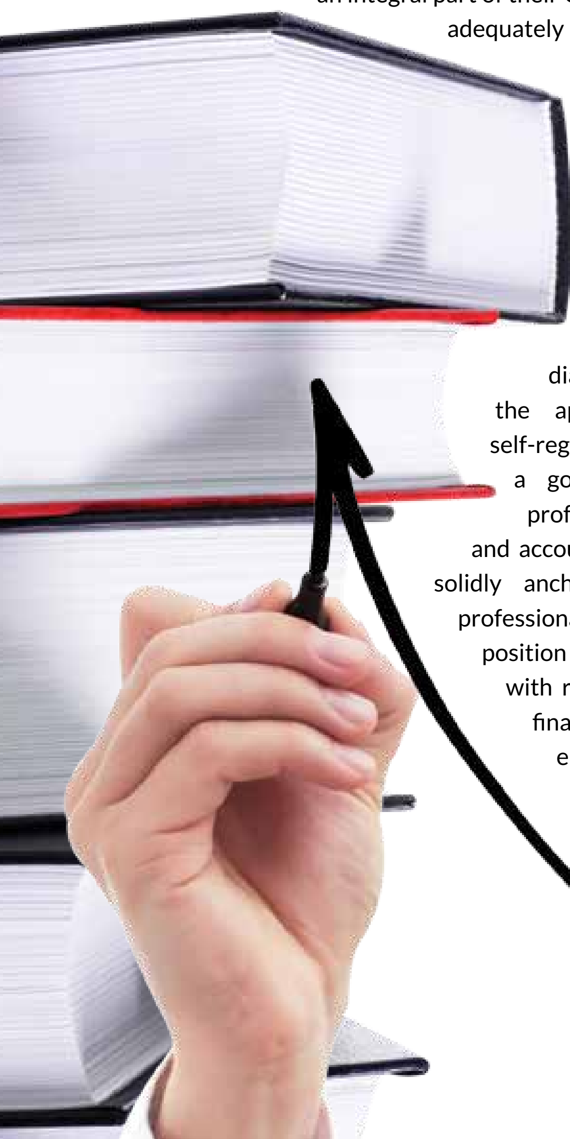
To be adequately prepared for the challenges in the coming years, doctors in Singapore will need an array of professional competencies and skills. A number of these are core, while others may be so new that some doctors were never taught about them during medical school. But as they say, we need to respect the old, and embrace the new.

One of the most fundamental competencies that doctors need to retain and refresh remains our technical skills as healers. I always take great pains at the end of a course on clinical ethics and communication to remind participating doctors or medical students that while ethics and good communication skills make us a respected and trusted profession, it is the technical ability to provide medical benefits that sets professionals apart from laypersons. As our MBBS or postgraduate examinations recede further and further away in time, we must ensure that we can continue to provide better, if not good and effective care, based on up-to-date information and cumulative experience. Our continuing medical education

(CME), called continuing professional development in some countries, do provide some guidance as to how these competencies should be enhanced and kept updated, though they are generally only minimum requirements, and need not be the only platform for those who seek to do more.

Another set of primary competencies that is equally important would be those in the domain of ethics and professionalism. In order to sustain the high level of trust and respect from patients and the general public, the profession has to continue to uphold its high standard of ethics and professionalism. Physicians need, therefore, to have a good working knowledge and appreciation of the fundamental principles that support the unique ethos of our profession. With society demanding voraciously for a greater degree of transparency and accountability, doctors need to go beyond merely doing the right thing. They also need to be able to account for their decisions and actions, explaining why these are right to laypersons.

The Singapore Medical Council recently conducted a consultation exercise on its draft Ethical Code and Professional Standards, and the experience suggested that quite a number of doctors were rather unsure of the professional position on many issues, and could not appreciate the potential implications of the draft on medical practice. It is my earnest wish therefore that doctors will consider training in ethics, health law and professionalism an integral part of their CME. Only when we are adequately informed and skilled, can we apply the right principles to shape and guide our professional attitude and conduct. Equally important is that doctors will also be better equipped to contribute to the dialogue on developing the appropriate model of self-regulation that will strike a good balance between professional autonomy and accountability. A profession solidly anchored by ethics and professionalism is also in a better position to engage and negotiate with regulators and relevant financing and industrial entities, to secure a practice environment conducive to doing the right thing for patients.



Coping with a changing medical landscape

One professional task that may require both technical and ethical competencies is in the judicious use of finite healthcare resources. By now, most of us would have read or heard of the many good things about MediShield Life, which essentially makes universal healthcare possible to Singaporeans by including the elderly and those who, prior to this, had been excluded due to pre-existing illnesses. But as some commentators have astutely pointed out, the long-term financial sustainability and effectiveness of MediShield Life depends critically on the treatments that are included in the scheme. Utilisation and the quantum of premiums are directly linked, notwithstanding the commitment by the Government to subsidise those who cannot afford to pay.

Thus, doctors, as makers of clinical decisions in patient care, do have a stewardship role in ensuring the sustainability of MediShield Life as a healthcare financing model. As doctors, we should be making critical appraisals of the scientific merits of treatments before recommending for inclusion or directly to patients. We should also be judicious in the use of tests and treatments, and do our best in avoiding unnecessary wastage or “over-servicing” of certain patients. All these require a combined application and consideration of medical knowledge and ethical principles in order to strike a reasonable balance between advocating for patients’ interests and for the common good for all patients who share the pool of resources.

Another notable social evolution among patients is their desire to be informed and to participate in clinical decision making. What do a patient and their family really seek whenever they ask to speak to their doctor? In my experience, there are probably three areas of need. Firstly, they simply want to know what is happening – diagnosis, prognosis and treatment plan – and to be reassured that the doctor will do his or her best for the patient. A common complaint is the difficulty in getting to speak to the attending doctor, and when they do get to see the doctor, he or she speaks in such technical language that not much understanding is achieved. Secondly, patients wish for professional guidance in decision making. And thirdly, patients who are distressed by the bad news during doctor-patient communication desire emotional support and empathy. When communication fails to enhance the doctor-patient relationship, but instead distances the two parties, it will be replaced by formal complaints and litigation.

Hence, we will need to enhance our skills in clinical communication and joint decision making, in order to use communication as an effective tool to build relationships. As doctors, we should therefore remember that the ultimate objective of such engagement is to help patients and family members achieve some reasonable understanding of the medical conditions and proposed plans and to manage the psychosocial impact of such information on them and their

loved ones. We should see to it that the pendulum of autonomy does not swing to the other extreme, such that patients are left with little or no professional recommendations. And finally, doctors need to be equipped with suitable empathetic skills in order to support their patients in times of emotional and psychological distress.

The ageing population also brings its own unique demands on doctors as far as skills and competencies are concerned. Patients who are seniors are becoming increasingly complex, with multifaceted needs. No particular GP or specialist will be able to, on their own, manage and provide technical solutions to all these needs. In addition to better familiarity with the exceptional clinical features of older patients, doctors will be required to work closely with other medical specialists, nurses, various allied healthcare professionals and social care professionals, in order to provide holistic and integrated solutions to such patients.

We must therefore develop our collaborative skills in order to work closely with different professionals, negotiating win-win arrangements where possible. We should also learn to accommodate "big picture" perspectives, and respond supportively to initiatives by the Ministry of Health, healthcare clusters, social care sectors and community service providers to transform healthcare delivery models. Wilful isolation of one's own medical practice will only lead to loss of effectiveness and relevance in the new healthcare landscape dominated by elderly and complex patients.

One other competency that I will mention here is one that is often neglected by doctors – workplace safety and health (WSH). Healthcare facilities have come under the legislation of the Workplace Safety and Health Act since 2008. While the Act regulates the employer's obligation towards ensuring the employee's safety and health, it is relevant to many doctors who are employers themselves as they spend a significant part of their working lives in their clinic or healthcare facility, and are thus exposed cumulatively to whatever risk factors that may be present. Not surprisingly, a study conducted by the Workplace Safety and Health Council (Healthcare) Committee in 2009/2010 on the healthcare sector revealed that 68% of clinic employees interviewed were unaware of WSH programmes or policies at their workplace, and 35% of clinic management personnel surveyed had not instituted any WSH programmes at their workplace.

As a profession that primarily advocates health and provides cure and care against injuries, it would be highly ironic and embarrassing if we do not take proactive steps to mitigate and manage risk factors for injuries or poor health at our own workplace. We doctors need to inculcate a workplace and safety culture, expressed as a commitment to carrying out regular risk assessments and management of our work practices and workplaces. I am therefore grateful to Dr Wong Sin Yew for being a steadfast WSH champion for the profession in the last few years, and helming a series on WSH in this newsletter; and also to the doctors who contributed write-ups to it. (Editor's note: turn to page 10 to check out the inaugural article of the series.) SMA can take the lead, but a successful and professional WSH culture will require a positive response from all doctors.

The "half-life" of knowledge in medicine is becoming alarmingly shorter, and the need therefore to continuously refresh and fortify our professional capabilities is intensifying. Newer editions of medical textbooks are emerging within a shorter time frame. The old modus operandi of clinging on to clinical knowledge and skills acquired in our medical school or postgraduate training can no longer work. SMA will continue to provide the leadership and learning platform for our doctors to keep ourselves current and relevant to the medical and psychosocial needs of our patients. In this process of life-long learning and training, it would be helpful for us to adopt a humble and embracing attitude, regardless of seniority or achievement. ■

A/Prof Chin has been President of SMA since 2012. He is a geriatrician in Tan Tock Seng Hospital with an interest in ethics, professionalism and systems of care.

55th SMA Annual General Meeting

Date: 12 April 2015, Sunday
Time: 2 pm - 4 pm (Lunch will be served at Ka-Soh Restaurant from 1 pm)
Venue: Arthur Lim Auditorium, Level 2, Alumni Medical Centre, 2 College Road, Singapore 169850

To confirm your attendance, please send your response to SMA via fax: 6224 7827 or email: sma@sma.org.sg. You can also register online at http://www.sma.org.sg/agm. To assist us with catering arrangements, do indicate if you will be coming for lunch as well. For more information, please contact the SMA Secretariat at 6223 1264.