

Changing Role of the National Medical Association

By Dr Wong Tien Hua



SMA WAS formed in 1959 through the merging of the Malaya Branch of the British Medical Association and the Alumni Association of the King Edward VII College of Medicine. The first president of SMA was Dr B R Sreenivasan.

The Association's role at that time was to foster unity in the medical profession, promote medical sciences in Singapore, uphold a high standard of medical ethics and conduct, voice its opinion regarding the attitudes and practice of the profession to the Government and other relevant bodies, and to enlighten and direct public opinion on Singapore's healthcare landscape.

Progressing with an evolving healthcare environment

Many of SMA's roles have not changed. However, the delivery

of these functions has evolved significantly in the past decades.

Medicine as a scientific field has expanded dramatically and with the advent of new technologies and new knowledge, the boundaries of medical ethics and the way the profession is defined are constantly being challenged. Medical systems, healthcare funding and healthcare delivery have undergone rapid changes. For the population at large, these developments have heralded a new era of technologically driven capabilities in diagnostic procedures, medical therapeutics and open access to information. The public's expectations of the healthcare system have been set very high, and they insist on being treated fairly and being given good quality and affordable healthcare.

The Association must also evolve to keep up with these changes. When

SMA was first formed, the membership was not very large and the population of both doctors and citizens was small. The Association was a place where doctors could gather for networking and social activities to establish professional relationships. Educational activities were organised to keep members informed of the developments in medicine, the forerunner of today's continuing medical education (CME) activities.

Fast forward to today. With the multitude and variety of social activities and events catered for medical professionals, and the ability of doctors to organise themselves and form their own interest groups, practitioners no longer see the Association as a social club for the profession.

The Association also has to compete with other organisations

such as the hospital clusters, academic colleges, universities, and pharmaceutical companies on hosting CME activities. The doctor has no shortage of venues or topics to keep himself up to date. Be it in a plush hotel ballroom, a lecture hall in one of the government buildings, or a seminar room within one of the hospitals, there seems to be so many seminars and lectures vying for our attention that one is able to pick and choose between a few events to attend on any given weekend.

In the present environment, open and easy access to information through the media and Internet has changed how society views and utilises healthcare services. The doctor is no longer the bastion of knowledge that holds the keys to information. Instead he is someone who helps the patient navigate the dense jungle of medical knowledge and guide her down the complex paths of medical decision-making. This has its clear advantages, as the patient is now empowered more than ever before. However information overload can sometimes be overwhelming or even misleading, especially in murky ethical or medico-legal issues. The Association must be able to respond in a timely manner to address such matters and to reassure the public with unbiased opinions.

SMA is trying its best to keep up with these new challenges. It now provides a wide array of activities and programmes including educational courses, lectures, and training for both medical doctors and allied health professionals. Additionally, the Association also administers medical protection schemes, runs a charity, and sets the benchmarks for medical ethics and professionalism through the activities of our Centre for Medical Ethics & Professionalism. The various special interest groups organise sporting events, dance and cultural activities, and social dinners. Through SMA News, we are the Voice of the Profession because we engage our members and encourage contributions

from medical students, residents, and doctors in both public service and private practice. There is real value in being an SMA member.

However, perhaps because of these very broad areas of engagement, SMA is not an easy organisation to understand at first glance. Non-member doctors perceive SMA as an organisation that guards the interests of doctors and serves a function akin to a union of medical professionals. Members of the public see the Association as an organisation that represents doctors, and therefore the go-to place for complaints when a problem of ethics or malpractice arises. Those of us who have been in SMA long enough would have heard our past leaders emphasising the need to put the interests of our patients first, because we believe that what is good for our patients will eventually benefit the profession as a whole in the long term – we are not a union or guild which puts its members' interests above others'. So the question often arises: is SMA for doctors, or is it for patients, or perhaps both?

For doctors, for patients

It is timely now for SMA to reinvent itself, to modernise, and to be restructured such that it is more flexible in adapting to the rapidly changing needs of both its members and the public. The different roles within SMA need to come together as a cohesive whole with a clear purpose in mind. This role, and purpose, then has to be communicated to the profession and public.

How can SMA fulfill its role for its members, represent the medical profession as a whole, and meet the expectations of the public at the same time? Is there something that can clearly communicate the role of the medical association?

I believe that the solution lies in identifying what it is in the medical profession that intrinsically binds both the physician and the patient. Medicine is not only about cure,

care and comfort but it is also fundamentally about a relationship – that between the doctor and his patient.

The doctor-patient relationship is the forum through which effective communication resides, because it is not based on one encounter but numerous visits built up over time. It is an entity that requires both parties to invest time and effort, eventually culminating in mutual respect and a deep sense of trust. An effective doctor-patient relationship is in itself therapeutic.

Over the past decades, medicine has gone through many paradigms, reacting to changes in healthcare policy, population dynamics, developments in technology and new business practices. With each paradigm shift, the boundaries of ethics and professionalism are pushed and strained, resulting in the traditional doctor-patient relationship coming under threat. We need to be cognizant of these changes and respond appropriately in its defence.

In the coming months, SMA will seek to rebrand itself with this in mind. Through this forum, I will explore the concept of the doctor-patient relationship as the fundamental unit of medical care; how it can balance information asymmetry; and how ethics and professionalism fit in this framework. We will be launching a new tagline to focus our vision, and in our Council retreat in May, we will see how our various departments can be better aligned to serve this new mission. Watch this space. ■



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