PURPOSEFUL RESEARCH



Publication and peer-review fraud is gaining more recognition these days, after editors of top leading journals stated in public that an increasing number of clinical research papers are not to be trusted. Off the top of my head, I can list a few reasons why this has become so: monetary gains, achievement of reputation and prestige, and the pressure to publish.

I have invited Dr Jimmy Teo, a consultant nephrologist practising

at the National University Hospital, to be the Guest Editor for this issue in which we explore our local doctors' perception of this problem. He, in turn, has invited his colleagues and peers to share their personal views. We hope our readers appreciate what we have put together, which is probably just a "tip of the iceberg" discussion. Meanwhile, we look forward to further discourse. Dr Tan Yia Swam is an associate consultant at the Breast Department of KK Women's and Children's Hospital. She continues to juggle the commitments of being a doctor, a mother, a wife and the increased duties of *SMA News* Editor. She also tries to keep time aside for herself and friends, both old and new.

Yia Swam

One of the best things about being an active participating member of the SMA is to be engaged in the many activities that the SMA conducts. I was roped into the SMA News Editorial Board by Prof Paul Tambyah a few years ago. Since then, I have met many wonderful doctors who each have their own interests and take on current matters. Over the course of many dinner discussions, I got to know doctors who were trainees, others who were big on administration and some in clinical research. Whenever I mention that I dabble in clinical nephrology research, many express admiration

and awe. With that said, I do not run a large research group or bench. My research team has the grand total of just three persons (two research assistants and me), but I work closely with my fellow doctors who are my biggest supporters and are always ready to contribute patients for studies.

We have progressed from the days when medical personnel were scarce. Nowadays, our doctors practise medicine with greater sophistication, with easy access to cutting-edge technology and products. Many diseases



Dr Teo is an associate professor in the Department of Medicine, NUS Yong Loo Lin School of Medicine and senior consultant in the Division of Nephrology at National University Hospital. He is the Division of Nephrology Research Director and an active member of the Singapore Society of Nephrology.

Jimmy Teo

Guest Editor

have specific diagnostics and management which we can only discover for ourselves. A 21st century doctor in Singapore would be expected to engage in clinical research, including peer-reviewed publications, as part of the repertoire of skills necessary for their own optimal functioning. Even when one does not do direct clinical research, these skills help doctors to critically appraise the medical research and translate them into direct medical practice.

We may seem to have enough clinicians attending to our population's medical problems but we need more clinicians who can meet the higher order aspirations of teaching, mentorship and research. Thus, there is a steady transformation of our medical workforce. Doctors in administration should avoid setting artificial limits in the mistaken belief of trying to adjust doctor training numbers just to suit medical needs. Did anyone know that they needed an iPhone before it was invented by Apple? Likewise, ministry-led manpower planning for clinical care is an inexact science. while personal aspirations and circumstances will dictate the career paths of physicians. It is best to estimate the manpower training requirements and set adequate places for training, but leave specific hiring of fully-trained doctors to a free and dynamic labour market.

Doctors in the profession should try to avoid the "mistake" where we listen to industrial lobbying to keep training to a basic in order to have cheap labour for "industries", leading to the potential problem of those with inadequate training losing their jobs to others. Instead, we need holistic training that includes both medical education and clinical research: when you train to a higher level, you can easily do the basics and yet have the added value to attract well-compensated work which cannot be easily performed by others.

Research and publication are crucial for the transformation of our profession to better serve our patients in the future. It is not another key performance indicator or a blunt instrument for job promotion or self-aggrandisement. They are not expendable options. They are essential like the air-conditioning and Global Positioning Systems in our cars. \blacklozenge