

The Straits Medical Association was born in 1890 and they became the Malaya Branch of the British Medical Association (MBBMA) in 1894. After World War II, two medical associations were set up to replace the MBBMA - SMA, formed on 15 September 1959, and the Malayan Medical Association, now known as the Malaysian Medical Association. formed on 24 October 1959.

The formative years

Throughout the years, SMA has dealt with many important issues. For instance, SMA's First National Medical Convention held in 1968 sought to address two major themes: occupational health and cancer. Around the same time, SMA also met with a sizable contingent of Ministry of Health (MOH) officials and won the dispensing debate.

In 1970, we had 14 doctors who volunteered to be the first batch of Singapore Armed Forces Medical Officers, and among them was then SMA President Dr Arthur Lim. During this time, the SMA Secretariat hosted more than ten specialty societies, including General Practice, when these societies first started out. When these societies were mature enough, they were encouraged to move on to be independent. In 1970, SMA started Medik Awas as a service to the society, helping the public be aware of their personal allergies to penicillin and other drugs. During this period, SMA revised the SMA Ethical Code.

SMA forged an excellent relationship with the MOH and collaborated on many issues, one of which was the compulsory labelling of medicine as we saw the benefits of transparency in patients knowing what was prescribed to them. In 1972, ties were forged when SMA visited the China Medical Association in Beijing. Our delegation received a red carpet welcome by the Chinese doctors and government officials, which we reciprocated several months later at our Istana. Also during this decade, the Private Hospitals and Medical Clinics Bill was passed, and it included the SMA delegation's suggestions on several issues such as confidentiality between doctors and patients, the need to give reasons for evocation or suspension of practitioners' licences, and the right of appeal to the Singapore Medical Council (SMC).

In 1987, SMA published the Guideline on Fees with the main objective of enabling greater transparency of medical fees and to safeguard patients' interests. Though the guidelines were subsequently withdrawn in 2007 due to concerns that they may infringe the Competition Act, we are happy to note that our advocacy for greater fee transparency was heeded when fee benchmarks for 222 common

surgical procedures were published by MOH in 2018, under the advisory of a 13-member committee that included SMA Council Member Dr Toh Choon Lai. Through these collaborations, we have developed close rapport with MOH, SMC and the community at large.

In the mid-1980s, to better connect with SMA Members, the "President's Column" and "Highlights of Council Meeting" were started in SMA News and are a tradition practised till today. Back then, there was also a "President's memo" that had a tear-off section for members to send feedback.

In recent decades

In the 1990s, there was a concern with GPs charging low fees and seeing patients fast – sacrificing quality, not allowing in-depth consultations and health education or advice on disease prevention. Later, the revision of the Guideline on Fees, and MOH requirement for clinics to display charges, helped to curb the issue of overcharging. In 1991, the MOH Review Committee on National Health Policies took up many of SMA's recommendations on improving the changing local healthcare landscape.

In 2000, the SMA Centre for Medical Ethics and Professionalism (SMA CMEP) was set up to provide doctors with a platform to develop knowledge in the areas of medical ethics, health law and medical practice.

In the 2010s, pandemics, managed care organisations and third party administrators, the revision of the SMC Ethical Code and Ethical Guidelines and the Private Hospitals and Medical Clinics Act, and the National Electronic Health Record are some of the recent events SMA has been involved in.

SMJ

The Singapore Medical Journal (SMJ) published her first issue in March 1960. Throughout the years, the articles have been very varied and depicted the trends in Singapore medicine and socio-economic developments. In the 1960s, some of such trends included malnutrition, tuberculosis, infections like gonorrhoea and leprosy, as well as social problems such as opium smoking and alcoholism. Rapid industrialisation and development in the 1970s brought about concerns of environmental health and social issues, such as family planning, abortion, drug abuse, AIDS, and stress disorders like anorexia nervosa and work stress. In the 1980s, notable issues discussed included National Service and disasters such as the Hotel New World and the Spyros incidents.

In the 1990s, we had issues concerning information technology (IT) in healthcare cost containment, medical audit and case mix. At the turn of the century, we had issues of ageing, hepatitis vaccination, cancer, obesity, the advance medical directive, mental health, doctors' stress and international traveller health. In 2003, we had the SARS epidemic that hit Singapore, revealing to us how poorly prepared we were to face pandemics. The new millennium also heralded changes in the health and social landscapes of Singapore, molecular genetics, positron emission tomography scan, liver transplantation, gambling addiction and robot-assisted surgery.

SMA News

SMA News has always played an important role in the history of the Association. First published in 1966 as the SMA Newsletter, it sought to provide a platform to communicate news and events to doctors in a timely fashion. Although print media is being superseded by new media today, it is good to look back at how far we have come. To get with the times, both SMA News and the SMJ were made

available online in January 1997. This online repository houses all the past issues and is accessible 24/7 by all.

While SMA is aware that content may be quoted out of context, it is important that key stakeholders in Singapore healthcare are able to share and understand doctors' thoughts, views and aspirations. Articles that offered explanation and clarification to members which the press are unwilling to publish have often been printed in the SMA News.

Some prominent topics that have been published in the SMA News include articles on professional conduct, medical ethics, technology, continuing medical education reports, job listings, and materia non medica, such as travelogues and unique hobbies that doctors indulge in. Up till today, the newsletter continues to carry insightful and thought-provoking articles on current issues and events close to the hearts of doctors in Singapore.

Both SMJ and SMA News facilitate social, cultural and professional activities among doctors in Singapore and beyond. In fact, SMJ's impact factor recently rose to 1.08, a testament to the hard work put in by the editors and staff.

Keeping our aims in view

The founding fathers envisioned that SMA is the "LIFE" of the profession and that we must:

- Take the **L**ead on healthcare matters;
- Integrate the contributions from various sectors of the healthcare profession:
- · Facilitate information exchanges and interactions within the healthcare profession and with society; and
- Empower the profession to practise with the highest ethical and professional standards.

According to the SMA Constitution, some of our roles include maintaining the honour and interests of the medical profession, fostering and preserving the unity and aim of the medical profession as a whole, and voicing its opinion and to acquaint the Government and other bodies with the policy and attitude of the profession.

SMA is constantly looking at how to better serve its members and society, and our current slogan - "For Doctors, For Patients" is a constant reminder of our goal. As we move into the age of

new media and modern IT initiatives, and towards being a smart nation, it is important for our medical profession to keep up with the times to provide the care of the next century.

As we celebrate SMA's 60th anniversary, there is much we need to do to catch up with the times so that we remain relevant and continue to lead, integrate, facilitate and empower doctors in their mission to serve the healthcare needs of our people, towards a better tomorrow. •

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