



# The EDITORS' MUSINGS



## Tan Yia Swam

### Editor

Dr Tan is learning new skills and stretching new boundaries in her private practice. Meanwhile, she still juggles the commitments of being a doctor, a wife, the *SMA News* Editor, the Vice-President of the SMA and a mother of three. She also tries to keep time aside for herself and friends, both old and new.

I hope readers are keeping track of the developments in recent high-profile medico-legal cases. I also hope that you are not just repeating what the general media reports, but reading through judgements and discussing critically with colleagues.

The field of medical ethics and professionalism is a complex one, and some of us strongly feel that there should be on-going continuing medical education in this area. In fact, it should be taught almost like a specialty.

The SMA Centre for Medical Ethics and Professionalism has been conducting advanced subspecialty training/residency courses for exit specialists, and other courses for those interested in additional training. Articles in this issue have also been curated to provide a more holistic understanding of current medico-legal practices.

The future months and years will bring some changes and challenges to the way we self-govern. I hope that more concerned doctors will step forward to contribute their opinions and give their time and expertise to tighten our own processes.

In this issue, various authors give their take on medico-legal issues.

In his speech at the opening of the Legal Year 2016, Chief Justice Sundaresh Menon said that medical assessors (MAs) will be appointed to help judges understand cases.<sup>1</sup> At the Annual National Medico-Legal Seminar 2016, Justice Judith Prakash, Judge of Appeal, outlined the role, responsibilities and essential skills of court-appointed MAs.<sup>2</sup> In this issue, Dr Winston Woon, who had taken part in a case as an MA in 2016, gives us some insights into the role of an MA.

It is no longer enough for doctors to just learn from their mistakes. Doctors need to take preventive measures to safeguard themselves against negligence allegations. Doctors may potentially respond to the threat of increased litigation by practising defensive medicine. In their article, Drs Ng Shu Li and T Thirumoorthy tell us that "a professional and systems approach is necessary to build a healthcare system that empowers medical practitioners to become competent, compassionate and trustworthy to promote patient safety and defend against defensive medicine."

The rise of defensive medicine not only erodes the doctor-patient relationship, but more importantly indicates a crisis of the doctor-society relationship. It is a scourge that causes doctors to behave

## Cuthbert Teo

### Guest Editor

A/Prof Teo is a forensic pathologist by training. The views expressed in the editorial is his personal opinion.

opportunistically, rather than in the patient's best interest. There is an urgent need to slow down this global epidemic. To reduce the practice of defensive medicine, doctors will need to make time for patients, and reaffirm evidence-based clinical reasoning. Healthcare institutions need to have a systems approach to preventing medical errors and supporting both patients and healthcare professionals who experience adverse events. Society may need to examine whether it would be worthwhile to have a system that tries to prevent, identify and correct errors, instead of a blame-and-punish system.

Fault-based negligence compensation is not cost-effective and negatively impacts the doctor-patient-society relationship. Society should seek a holistic inquisitorial facilitative dispute resolution process. ♦

### References

1. CJ seeks to ease doctors' fears of malpractice suits. *The Straits Times* 12 January 2016. Available at: <http://bit.ly/2MONstT>.
2. Prakash J. The role, responsibilities and essential skills of a court-appointed medical assessor. *SMJ* 2017; 58(12):678-80.