

EDITORIAL

THE GOVERNMENT AND SINGAPORE MEDICAL ASSOCIATION*

The welfare of man has always many advocates. The prehistoric and early man assumed that it was the concern of Heaven and naively offered up a portion of their best possessions in the hope of receiving more in return. Later, philosophers who were aware acutely that material success was quite often not in direct relationship to merit, began to preach morality, and taught that man must be responsible for his own welfare. Still later came professional men who in the exercise of their skills, sought to promote human welfare with their expert knowledge. The most recent comers are the politicians who also advertise their remedy for human woes, and in general, voice their conviction on their own brand of panacea for all ills. The welfare of man is hence a field where many interested parties meet with a common objective: namely, to make man's lot better than it is now.

One would imagine that with such a common interest, and equivalent zealotry, when the different groups meet, greater achievement would be seen through the association of different abilities and points of view. As a matter of fact, it is often the reverse and one finds men with a common goal striving with one another, and in fact, one actively hampers the other. The lesson is, of course, that in the preoccupation with one's own view, a man can easily overlook that it is the welfare of man he is interested in, and not the efficacy of his own remedy. If this is remembered, then we can avoid much unhappiness and waste of effort which arise as a result of the insistence on a particular stand, and the dogged refusal to see the other point of view.

The Singapore Medical Association is a body of doctors interested in the health of patients. It would like to see less illness, less suffering, that patients could have doctors they have confidence in to treat them, and that doctors could exercise their skills according to the need of patients and not otherwise. At the same time, the Health Ministry must be interested in the same aspirations. However, there is a basic difference in the approach to those self-same problems. The Ministry is concerned with patients as a collection of cases, percentages, and services and facilities. Hence in the question of immunisation for example, it is upset if the percentage of people accepting Sabin oral vaccine and diph-

theria toxoid do not reach an estimated level. It is concerned if the doctor to population ratio, and the available beds per unit population do not come up to the desired mark. On the other hand, the Association represents an individualised approach to the sick man. A patient can best be handled by a doctor known and trusted by him, he must be advised by his doctor not just as a cold, unfeeling, impersonal scientist, but as a man with knowledge, emotions, and understanding. His illness should not only be treated, but looked after, and he should not only be injected, dosed, and operated upon, but also educated about his illness, comforted and guided in the way of his living. Hence it believes that a patient must have a free choice of his doctors, and that a doctor must work with no directive as regards the exercise of his skill and the approach to the case except that required by the need of the case. A depressed patient must be comforted, a painful case relieved, but a spoilt neurotic dealt with firmly, and a malingerer treated with measures bordering on harshness.

There does not appear any doubt that both are valuable approaches to the patient, and one complements the other. The doctor would do well to take cognisance of some collective measures so as to appreciate better the impact of society on his patient and vice versa, otherwise he would be losing the wood because of the trees. The Ministry cannot lightly overlook the individual angle, or else personal health would soon become unfeeling figures of lines and curves on graph papers. The former oversight will lead to medical chaos, and the latter will result in unhappy and discontented men and women who may have better health, but much less satisfaction.

The awareness of this complementary nature of the two camps has led the Singapore Medical Association to address the Government on many previous occasions. It has raised its banners in the past on hospital building, Malayanisation of medical service, medical education, the folly of free medicine and the value of keeping up standards. It is gratifying to note that on many issues, it has not been vocal in vain, for we see an increased intake of medical students, a medical service completely Malayanised, and a medical standard amongst the best in South East Asia. These improvements came as a result of advice

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given, and acted upon, and bespoke the credit due to both parties—the Government and the Medical Association.

However, the Singapore Medical Association notes with regret that there has been of late a different spirit at work. Its advice and requests have frequently gone unheeded. Inexplicable antagonism is seen in high quarters. In recent months, we have made representations on many issues, the most notable being as follows:

(a) Liaison body between Government and general practitioners—we suggested that such a body be formed so that the Government may have easy and direct representation from the Association, and the Association in turn may be better advised about the policy of the Government. Government replied that the Medical Advisory Council is in existence to deal with the above matter has been refuted by the Singapore Medical Association on the following points:—

1. The Medical Advisory Council is purely an advisory body on matters brought up by Government and cannot initiate any subject for discussion on its own.
2. The proceedings of the Council are confidential and secret. Therefore the nominees of the Singapore Medical Association on the Council cannot report back any discussion at the Medical Advisory Council to the Singapore Medical Association for opinion or action.

(b) Sabin vaccine—we suggested that general practitioners should be able to give it to their own patients who would not like to go to Government clinics, and also that they should participate in the campaign so as to increase the range of coverage. The general practitioners even volunteered to bring their own patients to Government clinics for vaccination by themselves free of charge or alternatively to be allowed to import Sabin vaccine commercially under the supervision of the Health Authorities. The Singapore Medical Association after studying this matter carefully, feels that there is no real technical objection to their participation in this campaign. Yet Government has so far refused all help despite their admission that their campaign was not a complete success.

It would seem that the need for the cooperation of the two groups has been forgotten. This forgetfulness is the more regrettable because it is the patient who suffers. Both the Government and the Medical Association are keen to do their best for the sick, but it would appear that their common interest has led to unhealthy rivalry rather than cooperation. Let this be put bluntly: the doctors are aware that the patients will get their best deal if in addition to their individualised care, medical facilities have a central direction under a coordinated Health and Medical department; the Government, on the other hand, must appreciate that without the willing and active cooperation of doctors, its medical scheme would be seriously impeded. There are good intentions in abundance towards the sick on both sides. Let us not allow these intentions to suffocate the patient!