1981 SMA LECTURE

ETHICS, THE PROFESSION AND THE NATION

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I have read the text of the SMA lectures delivered to our Association over the past 18 years. Each lecturer was overawed by the status of their predecessors and expressed concern over the terrifying responsibility which was conferred upon them. This is how I feel also. Let me, therefore, begin by thanking the Association, and your Council, for so generously honouring me today and allowing me the freedom of speaking on any topic of my choice in this half hour long collection of my thoughts.

It seems logical to discuss the topic of this lecture under three sections. Firstly, ethics and the medical profession. Secondly, ethics and the nation. Thirdly, the medical profession and the nation. I would like at the same time to help refresh the memories of our members with things past and to expound, with unrestrained enthusiasm on the bewildering future that lies ahead for our ethics, our profession and our nation. To do this, we have to ask ourselves what are the changes expected in our nation. How will these affect our future? Are there obstacles to the future development of the medical profession? Can these obstacles be identified? If so, how can we overcome them?

FUTURE

There are numerous philosophers, economists, doctors and others who have made predictions about the world's future. Perhaps the most optimistic is the remarkable futurologist Herman Kahn, who in 1977 stated, "200 years ago almost everywhere human beings were comparatively few, poor and at the mercy of the forces of nature, and 200 years from now, we expect, almost everywhere they will be numerous, rich and in control of the forces of nature. At the midway mark in the 400-year period we have just seen in the most advanced countries the initial emergence of superindustrial economics (where enterprises are extraordinarily large, encompassing and pervasive forces in both the physical and societal environments), to be followed soon by postindustrial economies (where the task of producing the necessities of life has become trivially easy because of technological advancement and economic development). We expect that almost all countries eventually will develop the characteristics of super- and postindustrial societies."

If Herman Kahn's predictions come true, Singapore will emerge with a superindustrial economy, followed by postindustrial economy and with this an emergence of supertechnology in medicine. This has already begun, as can be seen in the introduction of operating microscopes, ultrasounds, diamond knives, lasers, inert plastics and CAT scans.

Twenty years from now we will most likely deal with subjects far more esoteric. Our successors will consider ordinary what we today, consider historical. We may be thought of as being ignorant, foolish and crude in our techniques and others will say that we are only marginal doctors.

Yet this is not surprising if we recall the practice of our predecessors a hundred years ago. I therefore sincerely hope that the work done by Singapore doctors will be carefully recorded in our publications so that in 200 years time, our critics will be able to make a careful appraisal of the state of medical practice in Singapore in the 1980s.

OBSTACLES

What are the obstacles? Great changes and the "invisible" obstacles that may develop, will be some of the characteristics of Singapore's development.

Professor Milton Friedman, Nobel Prize winner for economics, in his best selling book "Free to Choose" states "The experience of recent years - raises a doubt whether private ingenuity can continue to overcome the deadening effects of government. Fortunately, the tide is turning. In the United States, in Great Britain, the countries of Western Europe, and in many other countries around the world, there is growing recognition of the dangers of big government. We have been forgetting the basic truth that the greatest threat to human freedom is the concentration of power, whether in the hands of government or anyone else. Fortunately, we are waking up. We are again recognizing the dangers of an overgoverned society."

If Friedman's arguments can be applied to Singapore in general, and to the Ministry of Health in particular, it becomes essential for us to study whether there should be a decentralisation of the control of the Ministry of Health over individual public hospitals. Should the larger public hospitals, like the Singapore General Hospital, be run by independent statutory boards? Should the large units with as many as 200 beds under the administrative and clinical control of a head of unit be decentralised?

Should the recently introduced, Private Hospitals and Private Clinics Act 1980, be amended so that the standards of private medical enterprise can be governed by an independent body, and not the Ministry of Health?

Last year, at the Singapore lecture sponsored by the Development Bank of Singapore and the Monetary Authority of Singapore Professor Friedman spoke of the resistance to change, typical of civil services throughout the world. He stated that this is the main reason for the failure of developing new policies. The question is, how true is this of the civil service of Singapore? And how true is this of the civil service in the Ministry of Health?

But Singapore is remarkable. Our civil service is remarkable. Friedman's generalizations therefore may not apply and he admits this. We have a remarkable Permanent Secretary for Health in Dr Andrew Chew, and I believe that with his remarkable combination of firmness and flexibility, any resistance to change by his assistants in his Ministry will be removed with remarkable speed.

The large hospital units are part of the system we have inherited from the colonial era. During that period, it was prudent for British administrators to appoint a British chief, who dominated his little empire. They achieved the purpose they were set up for - to provide a reasonable standard of medical care in a colony. Large units are not what Singapore needs. Today we are planning to surge upwards. It is essential to have an in-depth study of the system inherited from the colonial era. It is necessary, despite the expected resistance from the civil service, for the old system to be replaced by one which will attract the most mentally agile, the most able, and the most dedicated of our younger specialists, to play a major role in establishing Singapore as an international medical centre.

ETHICS AND THE MEDICAL PROFESSION

The latter part of the 20th century is especially exciting for the medical profession because of the world's technological progress. It has enabled doctors to carry out procedures which have for decades remained impossible. Some of these have considerable ethical implications.

Dr Robert K Jarvik reported in the Scientific American in January 1981 reported that "Mechanical substitutes for the natural heart are steadily getting better. In time they will be ready for human beings needing them". This leads to many interesting questions. When is a man dead? (In the past, the heart beat was taken as the basic criteria.) What are the ethical implications of the removal of a human heart and substituting this with an artificial one? What are the ethical implications of artificial organs?

Throughout history, men have repeatedly expressed judgements regarding their own conduct and that of their fellowmen. In these judgements, some behaviour was praised and considered right or good, while other acts were condemned and considered wrong or evil. So ethics, whether medical or otherwise, is an attempt to determine what conduct or practice is good or bad, and what ought to be approved or disapproved.

Medical ethics deals with a doctor's outlook on his professional life. And although this may have little relation to his technical training or diagnostic skills, it has significant influence on the success he attains in his relationship with his colleagues and in the handling of his patients.

The Singapore Medical Association ethical code is thus more than just a set of rules. Produced for doctors to follow - it is a philosophy which we would do well to look upon as a guide to superior professional behaviour.

By far, the most common ethical problem facing the Singapore Medical Association, is the question of advertising. One cause of misunderstanding, is that ethics on the publicity of medical practitioners has changed over the decades and varies from country to

country. It is therefore, not unexpected, that when there is a state of flux, in terms of time and region within the profession, the ethics on advertisement has led to misinterpretations and other difficulties.

Obviously it is impossible to lay down ethical rules for every situation. Hitherto, the ethical code of the Singapore Medical Association is only a guide for members to help them attain a high standard of professional behaviour in our Republic. However, the standard of professional behaviour of an individual doctor, must in the final analysis, depend upon the moral consciousness of the doctor himself.

Medical ethics is continually developing and adapting not only to the changing modes of thought in the profession itself but also a changing social and legal concepts.

The problem may be tackled by the introduction of systematic instruction on medical ethics, to undergraduates at the National University of Singapore, preferably by the Singapore Medical Association, as a logical way to impress ethical ideas upon the younger generation while they are in the impressionable stage of their careers.

Furthermore, for the practising doctors, it is important that we do, periodically, hold forums, seminars, and perhaps lectures on medical ethics, so that medical practitioners may be constantly reminded of their responsibility. They should not follow the ethical code because they have to, but should regard it as a philosophy which they, as honourable professional men, follow because it is right.

Last, but the least desirable method of maintaining a standard of medical ethics, is punishment. It is the least desirable because ethics and moral consciousness is a personal responsibility. Therefore, discipline and punishment alone cannot maintain high standards of ethical conduct. However, in any society or in any profession, there are always a few who do not understand, or who do not wish to understand, the importance of maintaining a high standard of medical ethics. The profession has no alternative, but to deal firmly with them.

It is very much to the credit of the Singapore Medical Association that it reviews its code of ethics to meet changing social conditions and growing scientific knowledge, especially since science has recently introduced such new issues as test tube babies, artificial insemination, sex inversion, and organ transplantation.

ETHICS AND THE NATION

It is important in discussing ethics, to realise that today, due to rapid changes affecting our pattern of life, it has become necessary for some of the traditional ethics or customs to be modified.

Some social transformations in Singapore directly affect medical ethics. Take for example the legalising of abortion, professional secrecy relating to drug addiction and barbiturates, and recently, the Medical Registration Act.

ABORTION

The considerable disagreement within the medical profession on the wisdom of the law to legalise abortion was not surprising. It must be remembered that members of the medical profession have, from the time they were students, been taught that it was criminal to perform abortion.

The Hippocrates Oath, an ethical guide to the medical profession reads as follows: "I will give no deadly medicine to anyone if asked nor suggest any such counsel: and in like manner I will not give to a woman a pessary to produce abortion." It can, of course, be argued that the Hippocrates Oath was written in 440 B.C. But, this was the teaching in Singapore and in most countries. Thus, when new laws transformed what was a serious professional, ethical and criminal offence into a social obligation, it was not surprising that it was received with great reservation by the medical profession.

PROFESSIONAL SECRECY

For centuries, professional secrecy has established confidence between the doctor and his patient. Medical ethics state that we ought: "To keep secret anything learnt as an outcome of professional relationship with a patient which must not be divulged".

The declaration of Geneva, which is a requirement for admission into the ranks of the medical profession states: "I will respect the secrets which are confided in me".

It is, therefore, not surprising that the medical profession was unhappy when laws were introduced to make it essential that all patients suspected of being addicts should be reported.

MEDICAL REGISTRATION ACT

Another new law is the amendment to the Medical Registration Act. Medical practitioners with recognized qualifications were placed on the medical register, only to be removed when found guilty of committing a serious ethical offence.

The new law, recently passed in Parliament, enables the Council to remove a medical practitioner from the Register if he has signed a bond to serve the government as a student, and then subsequently fails to fulfil the requirements of the bond. This brings a new concept into the principles of the law regulating the registration of medical practitioners.

The above illustrations serve to emphasize the importance of understanding the social transformation in Singapore, and the need for us, as doctors, to expect further laws which will greatly affect our ethics and profession.

It seems to me that the professional confidence in the doctor/patient relationship must be balanced with the duty of a doctor to the other citizens of the nation. If the medical practitioner feels that a patient's condition poses a threat to others, then, he also has a moral obligation to make that danger known.

Should a doctor refuse to report an epileptic taxi driver to the Registrar of Vehicles? Should a doctor warn a wife that her husband is suffering from venereal disease? Should a doctor who knows that his patient is suffering from a contagious disease, inform his employers?

These questions raise grave issues of principle and conflict of duties. I urge for a healthy balance between the rights of the individual patient and the needs of the nation.

THE MEDICAL PROFESSION AND THE NATION

Venture Into The Past

The most significant medical development for Singapore took place in 1905 when the Medical School of the Straits Settlement was formed. This ultimately developed into the Faculty of Medicine, National University of Singapore. In that same year, great changes took place. The world was shaken by the news that Japan had defeated the imperial Russian navy at Tsushima. This was the first defeat of great European power by an Asian nation. In the early decades of the 20th century the world was then dominated by Europe. The British empire was at its height and millions of people were controlled through her colonies. It was also a period of rapid industrialization in Europe and the emergence of the socialist theories of Karl Marx and Freidrich Engels who wrote extensively on social reforms for the working class. In the midst of these important global events, the Medical School of the Straits Settlement had its humble beginnings with the graduation of its first seven students in 1910.

For the next 40 years, the Medical Service continued in the same way as all the other institutions that existed under the British colonial domination. There were the local graduates and the British expatriate doctors. But there were major differences in their service conditions. There were differences in salary, opportunity and perhaps most important, difference in status.

The British doctor began as a medical officer and rose rapidly to the higher positions in the service. The local doctor began and ended his career as an assistant medical officer. There was no question of a local doctor ever becoming a medical officer - he stagnated in the position of an assistant forever.

A major change occured after the second world war. The defeat of the British by Japan and the surrender of the hitherto impregnable British garrison - Singapore - struck a vital blow to the belief that the European powers in Asia were invincible. After the world war, nationalism spread rapidly and with it began the disintegration of the European empires in Asia. It was now only a matter of time before Singapore would be independent. A malayanisation programme was started with Dr B R Sreenivasan (the first president of the Singapore Medical Association) as its chairman. His function was to replace British and expatriate doctors with local graduates. It is interesting to recall that even at this stage a British professor of surgery, just before his retirement departure from Singapore, made a widely publicised statement that local doctors did not possess the dexterity, temperament and wherewithal to be good surgeons.

For decades it was generally believed that obtaining a higher qualification in medicine, surgery or obstetrics and gynaecology was almost impossible for the local doctor. The first few who ventured to Britain and returned successful included President Benjamin Sheares, Professor E S Monteiro, Professor Yeoh Ghim Seng and Mr Yahya Cohen. At last the myth was exploded. These pioneers proved that they were more than just equal - they were in fact better clinicians and surgeons than their British predecessors.

The next major change occurred in the 1960s when the Singapore government sent every capable local doctor to attempt the higher degree in Britain and Australia. And in just one decade, a hundred doctors returned with a higher qualification. Then, the postgraduate medical school of our National University was formed, and together with the Academy of Medicine of Singapore, postgraduate training and qualifications were established. Today there are almost as many young doctors aspiring to specialise and obtain a higher qualification in medicine as there are those who wish to continue as general practitioners.

This leads us to the next and perhaps most important phase of medical development - the establishment of Singapore as a major international medical centre. Our best students are opting to do medicine. There is no shortage of doctors desiring to do higher degrees. Singapore has never been more politically stable or economically prosperous.

If all goes well, by the year 2000, Singapore may be one of the world's most advanced centres of industry, manufacturing, commerce, finance, technology, education, and culture.

What of medicine? Is Singapore going to be satisfied with a quality of medicine that is only the best in the region? Or will we succeed by the year 2000 in establishing a medical centre with standards so high that patients will flow in from all corners of the world because of the quality of care that we can provide? To achieve this several steps are essential:

- Maximal utilisation of manpower:
- the continued attraction of the best brains into medicine:
- expansion of the University Hospital and departments with professors and staff devoting more time to quality work and not tied down with massive amounts of routine procedures:
- the output of doctors and specialists has to be increased:
- our scientific publications in local journals should be increased and the quality improved upon:
- support should be given to doctors who are prepared to spend time writing books:
- an action planned to pinpoint the areas needing further development:
- a special committee, perhaps a branch of the public service commission, to single out brilliant young doctors for rapid training and improvement in their chosen specialties with accelerated promotion.

MANPOWER

The economic growth and survival of communities depend on available resources. When natural resources

such as petroleum, rubber, metals, timber, etc., are not produced, human resources become important. This is the case with Singapore. Because of this, human resources need to be developed and maximised, in particular, the highly skilled and professional.

Dr Goh Keng Swee, Singapore's first Deputy Prime Minister, in delivering the Gordon Arthur Ransome Oration in 1973 (at the Academy of Medicine Congress entitled "Some problems of Manpower Development in Singapore") concluded by saying "Then there is the subject of the celebrated brain drain, the flow of talent from poor countries to rich countries, impoverishing the one and further enriching the other. Then again there is the brain drain in the reverse, the inflow of expatriate talent to developing countries. People who deplore, and rightly so, the brain drain from poor to rich countries, illogically enough object to the reverse brain drain, and want to place limitations to it."

His statement reflects the current view of the government in allowing freer access, for professional and technical experts to practice in Singapore, without the restrictions common in most countries. While I agree in principle with his views, it is important to make an indepth analysis of the full impact of such a policy on industry and the profession. Some of the major problems include: Will we be attracting the best into Singapore. If not, do we want to import mediocres into Singapore? How do we judge the quality of professionals? What measures should be taken to ensure that the experts will impart their skill and knowledge to Singaporeans?

It has been shown in other countries that when foreign doctors leave their own country to work in another, they are frequently not of the highest quality. This is even more important in the case of Singapore because it is only the best from the developed countries who can add to the high quality already available.

The past experience of Singapore has been quite interesting. There were a few foreign specialists who worked in the private sector of Singapore. Most of them failed to succeed as the quality of their surgery and practice were not comparable to that of the local specialists. It is wrong therefore to think that the standard of Singapore as a medical centre, will depend on the foreign doctors who may wish to practise here. However, there is a strong case to open our registration for selected top foreign doctors with special skills, even though they are only able to be with us for a few days or a few weeks, to exchange ideas and to teach new techniques, just as our own specialists have taught our techniques in different countries.

The 2,000 doctors in Singapore must be better utilised. Utilisation of our medical manpower requires careful analysis to optimise their use. The need for cohesive planning is obvious, for as much as 50% of our medical manpowcr can be lost through inadequate motivation and organisation. Superficially the problem appears easy. In practice it is complex, and a major obstacle lies with the artificial separation between the private and institutional practices.

ROLE OF THE MEDICAL PROFESSION

As the Singapore Medical Association journeys through time - our ability to present logical proposals on the medical profession will depend upon the determination of our doctors to sway national thoughts on medical matters. This can only be achieved with close co-operation with the Ministry of Health.

The recent changes that erupted internationally and in Singapore are vivid reminders that our ethics and our profession are but a small part of the multitude of problems that lie before our nation. The economic, social and political structure in Singapore are in a state of continuous change and these changes can only be influenced, not by chance, but by deliberate, planned moves.

But what should be done and what can be done? The quality of leadership in the profession must be improved upon. Given the opportunity, our leaders should plan a course of action to maximise doctors' contribution by establishing guidelines for developing the medical profession. The talents of the younger doctors (in their early thirties and perhaps the early forties) must be exploited.

We must revolutionise our way of thinking: monetary gains should assume secondary importance. Professional status must be earned through hard work and not ruthlessly attained. Younger rivals should be encouraged to be just as good, if not better. Senior doctors must take pride in that they have helped to develop their younger colleagues, and inversely, the younger colleagues should respect the talents of and opportunity given to them by the senior members. These changes are essential for progress.

The role of the medical profession in relation to the nation is important. For no government will take a medical organisation seriously if it is only interested in the welfare of its own members and disregards the interests of the nation as a whole.

As we march towards the end of the twentieth century, we must constantly remember that the world is rapidly changing. No nation is static. It changes with time. So must the profession. Knowing that these changes will come, allows us time to create an effective organisation through which doctors can sway government thoughts through logical, acceptable and determined arguments.

CONCLUSION

Ethics and the medical profession will be a part of the great change that will sweep Singapore in the next 20 years. These changes may pass unnoticed and leave us quite oblivious of the possible impact, - it is only when these changes become effective that they take us by surprise and generate uncertainties from which we cannot escape - and to which we must adapt.

I believe that a momentum will soon be generated that will in the next two decades, propel the doctors from our present state into an era of medical activity never before experienced. Improvements at all levels must first be created, sustained and then further developed until all the obstacles that have held us back before are overcome.

By the year 2000, major changes will be imposed on the medical profession. The impact of such transformation can be absorbed only if we are prepared for them.