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SPEECH BY MR HOWE YOON CHONG, MINISTER FOR HEALTH,
AT THE BIENNIAL BANQUET OF THE ACADEMY OF MEDICINE AT THE
DYNASTY HOTEL BALLROOM ON SATURDAY, 4 AUGUST '84, AT 7.30 PM

Thank you and members of the Academy of Medicine for inviting my wife and me to this august gathering of learned men and women of the world of medicine. To the distinguished guests from the neighbouring and foreign countries we join in extending our warm welcome. I can only speak on matters relating to Singapore. Some of the statements I make may sound controversial. I must therefore seek the indulgence of our honoured guests to bear with me, to listen with sympathy and understanding and not to take offence where none is intended. As for the members of the Academy of Medicine and the local doctors I am quite sure they are aware of and understand government thinking even though some may not be in full agreement with it.

I must add however that the duty and responsibility of the Ministry of Health must first and foremost be to look after the health and well-being of the population and to raise the standard of medical and health services. In the process it will attempt to build Singapore into an important medical centre for this region. With regard to this attempt, the enormity of the task may or may not have been appreciated but the objective is in no way incompatible with the aims of the Academy of Medicine or indeed of all doctors who care for their patients, who wish to keep abreast of the latest in medical science and technology, and who get satisfaction or take pride in improving clinical procedures or surgical techniques.

Individually our doctors with specialized training and experience have attained high professional standards. Some have achieved international distinction in their chosen field. Doctor for doctor, these can be the equal of the best anywhere. Many of our hospitals may be old but they are adequate for their purposes. The new Singapore General Hospital has been planned, constructed, and equipped to match the best available. Its equipment and facilities are comprehensive enough to impress many doctors who visit us from even the developed countries. A new and similarly well equipped hospital at Kent Ridge will soon be completed. With the availability of talent, facilities, and resources the pre-conditions for medical excellence appear to exist. Yet after two decades of effort Singapore still cannot claim to be a specialist medical centre in the same way as it is the communications centre or the financial and banking centre for this part of the world. Have we set our sights too high? Have our assumptions been wrong? Have we underestimated the size of the problem? Do we lack the climate and environment for research and investigations so necessary to attain excellence? Do we lack the doctors with the enthusiasm and drive to improve their knowledge and upgrade their skills?

The causes of our predicament are many. Some can be overcome. Many arise from organizational deficiencies and inadequate or archaic systems of hospital administration and antiquated methods of medical practice. The climate and environment for scholarship and inquiry cannot easily be generated in our type of society. The basic infrastructure and the necessary supporting facilities for research and investigations seldom existed may take a long time to build up. Most of the shortcomings can be surmounted by the doctors themselves. Others are difficult to deal with. A number of them can be tackled with the support of the doctors individually and with the collective wisdom, counsel, and guidance of both the Academy of Medicine and

the College of General Practitioners. Let us examine a few of the more basic causes for our lack of success:

(a) Our medical community is much too small. There is not the necessary critical mass of various skills to generate the climate and environment for medical research. Our society does not have any tradition for the pursuit of knowledge for its own sake or for the achievement of excellence. We may have excellent doctors but their numbers are small. There is no nucleus of a research community. Let us look at some figures. In all of Singapore there are 2,459 registered doctors of whom 865 have been trained in specialized disciplines. Compare this with only one medical centre in the US. Let us take the Mayo Clinic with its two hospitals and 1848 beds. This Clinic alone has 889 full-time highly qualified specialists, physicians and surgeons, medical scientists, consultants, and research associates. In addition there are 779 residents, 123 postgraduate doctoral fellows, 16 Ph.D students, and 586 medical students. In 1983 it dealt with 63,600 admissions and 276,800 outpatient attendances. Our Singapore General Hospital has 1,593 beds. In 1983 it dealt with 60,685 admissions and 333,900 outpatient attendances. Its full-time staff comprised a total of 319 doctors; made up of 199 Government Medical Officers (of whom 103 have postgraduate qualifications), 71 University staff (67 with postgraduate qualifications), and 49 Housemen, plus 694 medical students (or 170 specialists, 149 medical officers, and 49 housemen, and 694 students).

When Singapore attempted to develop itself into an important medical centre for this part of the world it did not appreciate the enormity of the undertaking. Those involved did not know the immense gap between looking after the health and well-being of the population and providing specialist treatment for patients with serious ailments from the neighbouring countries. They failed to realize the

vastness of the chasm that separated the two levels of health care and medical attention.

(b) Our people are by nature individualistic, more inclined to work on their own than to share their knowledge or findings with others. Not too many are inclined to participate in joint efforts. Our environment is thus not conducive to research, where team-work, collaboration, and cooperation with others are essential. Research projects involve people from different fields of scientific endeavour. Such a situation may not exist outside the University.

(c) Our highly commercialized and parvenu society with its materialistic outlook has induced many doctors to place greater importance on money making and entrepreneurship rather than on their professional ideals. Many doctors after a few years in private practice no longer possess the urge to improve their professional knowledge and skills. Often even their already acquired skills are not maintained, much less to strive to be in the forefront of medical progress and innovation.

(d) Our hospital system and the manner in which the whole range of supportive, complementary, technical, para-medical, clinical laboratory, and health related scientific services are organized and provided leave much to be desired. Our specialist doctors in the hospitals have to attend to a wide range of duties each day. They can hardly be up-to-date with their work. Their time can seldom be properly scheduled. Often what information or data they need, must be obtained themselves. This is wasteful of the specialist's time. Time they have little to spare. They are overworked and the hospitals are understaffed. In spite of all these difficulties they still do an excellent job for which all of us are thankful.

I am very much of an optimist even though I may sound gloomy tonight. I believe that Rome was not built in a day and great things have humble beginnings. The future still holds forth much promise for those who make the effort. The attempt to build Singapore into a specialist medical centre must continue.

(i) My Ministry will continue to encourage its doctors to obtain higher qualifications and get good practical experience in well-known medical centres overseas.

(ii) It is planning to attract internationally renowned medical centres to set up branches or affiliated hospitals here either on their own or in collaboration with local interests. These private hospitals will then have highly skilled and well experienced medical specialists to treat both local and foreign patients. Our doctors will have opportunities to work with them or to work in the overseas medical centres to gain further experience.

(iii) Efforts will be made to seek closer associations and work out staff exchange programmes with well-known medical centres in Australia, the United States, and Europe, particularly those pre-eminent in one or two specialized disciplines or noted for their research work. In the process our doctors will get a better understanding of the organization of large hospitals. They will learn the need for closer collaboration with medical scientists and technologists in different disciplines. Should their posting and training programmes gain official recognition they will obtain Board Certification in a shorter time.

The Ministry of Health hopes to work closely with the Academy of Medicine and the College of General Practitioners as together we have much to do to remedy the many shortcomings and shortages that now exist. We must have the courage of our convictions to break new ground, to

take new initiatives, and to get away from the stifling constraints of past inheritances.

We need many more doctors and specialists, medical scientists, technologists, and experts in other disciplines. Without them it is unlikely our doctors can improve clinical procedures and surgical techniques much less achieve medical excellence in more than one or two fields.

Our policy and methods of training doctors must be reviewed and overhauled. We cannot hold on for dear life to outmoded systems of training doctors and specialists or systems of hospital management and administration, and clinical procedures that have long been obsolete. Without very many more doctors there will not be the critical mass of expertise to form a specialist medical community which can direct its energies and efforts to develop Singapore into a centre of medical excellence.

For a start the Academy of Medicine and the College of General Practitioners must actively promote the idea of continuing medical education. They must get this idea accepted voluntarily by all doctors whether general practitioners or specialists. The Ministry of Health is convinced that compulsion should be avoided. The law cannot without cause deprive any person of his or her means of livelihood especially when such a livelihood depends on a licence. Legal measures to compel re-certification will therefore be difficult to justify and enforce. A voluntary system must be devised to persuade all doctors to keep abreast of the latest developments in medical science and technology. The US system of Physicians' Recognition Awards appears to be worth exploring. Other ways and means should also be examined.

This effort is necessary not just to ensure that patients get the best medical care but more importantly to protect the credibility of the doctors and to safeguard their professional integrity.

Next the Academy must guide the young doctors in their choice of career. The advice should be either to go for general specialization in one broad field should the doctor decide on private practice, or to specialize in a narrow discipline should the doctor wish to do research or to seek distinction and honour in a particular branch of medicine or surgery. Concentration of energies and resources in a narrow specialization is necessary to achieve excellence in a particular field. In addition there must be proper and adequate infrastructure facilities to support the specialists in his or her work particularly the whole host of other complementary specialists, medical scientists, laboratory technicians, technologists, and research workers.

To facilitate the work of the Academy of Medicine and the College of General Practitioners and to rally all your members to support your efforts, the College of Medicine Building will be restored and rehabilitated to as near as possible its original form when it was completed for the use of the King Edward VII Medical College in 1926. The ground floor will be available for the use of the members of these two bodies. The Ministry will occupy the upper floors. All will share in the use of the auditorium, conference rooms, and library facilities. Together the Ministry of Health and the whole medical community should work towards our common objectives for the good of Singapore and its people.
