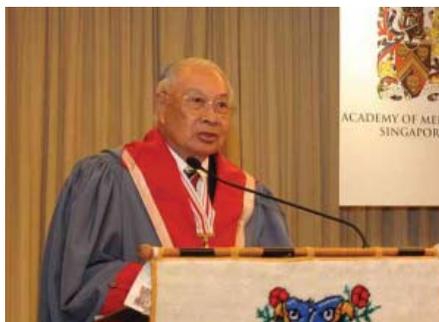


## Address by Guest-of-Honour (Master 1973 - 1975), Academy of Medicine, Singapore at the Induction Comitia 2010<sup>†</sup>

Chin Hin Chew, *FAMS*



May I first thank you, Master and Council, for inviting me to this Induction Comitia 2010. I feel truly honored and humbled to be present as the Guest of Honour. However, let me address you as a fellow Academician – albeit one who has occasional lapses of memory especially of recent events and deficit of hearing et vision.

Today is a great day of celebration for our Academy for we meet to witness the formal admission of new fellows. Let me, therefore, proffer our heartfelt congratulations and best wishes to our new brother and sister Academicians and also to those who will be awarded the Staff Registrar Diplomas. Today you are celebrating your success and achievements after completing arduous years of specialists' training and we rejoice with you.

The standard of medical specialisation and of the profession in our small island country continues to experience a high degree of approval and respect. This acceptance has been secured in good measure through the insistence on stringent standards and competence by the Academy of Medicine for over 50 years and indeed by our Medical School since the foundation in 1905. But this is not unqualified. Expectations continue to rise relentlessly, criticisms come more frequently especially from the better educated and informed through advancing information technology and reading. Expectations will also continue to rise with rapid advances in science and technology resulting in new techniques in diagnosis and treatment breakthroughs. These changes bring about tremendous excitement for development and further research. However, while much of these can be beneficial to mankind, we will increasingly be faced with a variety of complex and difficult problems. In this regard, while advances in Medicine cannot stand still, some aspects of our calling remain fundamental and timeless.

Our first responsibility is and must always be to our patients. We share with all our colleagues a commitment to care for the sick. In the 5th College of Physicians Lecture a few years ago,

I mentioned that I was guided by some enduring principles. One was our Medical Alumni's motto: "not to be ministered unto but to minister". The word "minister" is from the Greek root word "daikonia". This encompasses several actions related to our calling. They include not merely service but rather service with humility, care, compassion and charity, service with a determination to heal, an attitude of kindness to the needy and certainly through example a regard and concern for fellow colleagues including an interest to impart knowledge through teaching.

In the last millennium, a highly respected Jewish physician, Moses Maimonides, while in Islamic Egypt, wrote in a prayer, "Endow me with strength of heart and mind so that both may be ready to serve – the rich and poor, the good and wicked, friend and enemy. And may I never see in the patient anything else but a fellow creature in pain".

One of the pressing issues, which I had to address many years ago as the first chairman of the National Medical Ethnics Committee was the care of patients who were terminally ill. I then said and now reiterate that 'a doctor has always a duty to sustain life. However, he has no duty – legal, moral or ethical, to prolong the distress of a dying patient. Where there is little or no chance of survival, aggressive treatment of incurable diseases should never be automatically instituted.' Today, modern technology is able to sustain essential physiological functions and technically prolong life in the final stages of terminal illness. Sometimes it does no more than prolong the natural process of dying. Invasive procedures e.g. respirators and cardiac resuscitation are all supporting measures used to assist a patient through a critical period of illness towards recovery. Generally, to use such measures for the terminally ill, when there is no hope of recovery, is not good medical practice and also prevents the patient from dying with dignity.

A central role for Academicians is in continuing medical education and professional development. As you partake in the life long process of continuing medical education, never forget that an equally important responsibility is for you to share with your colleagues whatever you yourselves have learnt and acquired. Indeed, the very title 'doctor' from the Latin *docere* 'to teach' implies responsibility to impart knowledge and share information. This central role was recognised by the founding fellows of the Academy in 1957 i.e. to advance the Art and Science of Medicine and to sustain and foster postgraduate medical education. Thus, our predecessors in the Academy and fellows of our sister colleges in Britain by tradition are addressed as "doctors" regardless of their professional or professorial standing. I remember our

<sup>†</sup>Delivered on 27 October 2010, at Grand Copthorne Ballroom Singapore

Founder Master, Professor Sir Gordon Ransome, was always known to his patients with affection as “Dr Ransome”. This teaching commitment is even more important in your role as Academicians; I repeat to impart knowledge and share information and indeed your specialist expertise not only to medical students, junior or senior colleagues but especially trainees and residents who are assigned to you. Give of your best zealously and take pride when over time they become even better specialists, some without doubt securing high appointments such as headships of departments and hospitals.

No one doubts that any amongst you lack intellectual competence. Nonetheless, in assuming your responsibility to do what you think is best for the patient, one should always remember that no doctor can be expected to be competent in all aspects of medicine, even in our own field. Furthermore, experience in practice cannot be acquired except over a period of time. Certainly, experience and training cannot be compressed. Thus there has been some disquiet with the recently introduced American Residency Programme. Certainly there are benefits but I hope there will evolve a truly Singapore Specialist Training Programme and Certification, comprising the best components from the US, Britain and our own long tested programme. I believe the best is yet to be.

As certified specialists, my advice is that you should also never hesitate to obtain assistance when required in the care of patients or seek consultation when this is requested by the patient and concerned parties, either openly or tacitly. Under certain circumstances, multiple consultations may be required. Indeed, the welfare of the patient must always be paramount in the consultation process. Misplaced pride has no place in this and can only prejudice the care of patients.

Amongst the many calls on our time are improved communication, greater involvement by doctors in administration and self monitoring and evaluation of our performance. I believe these are all important. I trust that you will allow yourselves to be involved in each of these aspects of professional life. The thoughtful doctor communicates with the patient in a warm and open manner that conveys competence, loyalty and respect. The transmission of even the most desperate news can sometimes be softened for instance by placing a kindly hand firmly but gently on the shoulder. My plea is that we apply our science and our ministrations with all understanding and sympathy.

Inseparable from this, are our own moral and ethical values. In this regard, let me quote Dr Johnson: “Integrity without knowledge is weak and useless. Knowledge without integrity is dangerous and dreadful”. A doctor certainly deserves reasonable compensation for his service, commensurate with his expertise, standing and skills. However, any personal conflict of a material nature that compromises loyalty and

sound treatment of patients must be regarded as morally reprehensible. Thus, it is perhaps prudent that doctors should avoid any business arrangements that might because of personal gain influence their decisions in patient care. Society has conferred much of the prerogatives the profession now enjoys. In turn, we are responsible and accountable for our actions. Never forget these privileges can be withdrawn if they are not exercised responsibly.

Like any good citizen, we should strive for the well being of the community, working towards ensuring the availability of adequate medical care for all. In this regard, we must be aware of the economics of medical care to ensure that care is provided in the most efficient manner. Effective medical care and practice, therefore require not only current knowledge as well as the art of taking care of the patients but it must be guided also by appropriate sensitivities to the social and economic issues of the community as a whole. Ideals must be tempered with what is practical and what is available. We must be aware of our limitations. No doubt as we acquire more knowledge and experience we will certainly find some of the acceptable modes of therapy we now have to be less useful or even harmful. There must be recognition of our limited capacity to intervene especially as real benefits may be disproportionately small despite considerable efforts, often at enormous suffering and costs.

Let me now mention something quite different. I do not believe that you can be a good academician unless you enjoy a full life and involve yourselves outside of your vocation. To work hard is important, but never forget the love and care of your dear family. Spend as much time as you can with them. Never take for granted all the love and support they gave you during your years of training. Also take pleasure from music, literature, sporting activities or some times even from idling, but of course too much of the latter is not recommended!

The great advantage of our Academy is that it embraces all specialties. We have within our fellowship almost all the specialists in Singapore – the Government service, the university, the restructured and private hospitals and medical centres. The Academy represents the highest professional ideals and values. Over 50 years ago, Sir Thomas Holmes Sellors, then President of the Royal College of Surgeons and his president colleagues called for the creation of a British Academy of Medicine. They wrote as follows: “The generality of medicine cries out for a unifying coordinating force. The strength of our Colleges and Faculties as free, progressive and independent bodies could achieve this.” This expresses the spirit and essence of our Academy of Medicine. Therefore, although you are all Fellows of your respective colleges and chapters, let me exhort you to give of your best to our parent body: The Academy of Medicine of Singapore.