

3rd Tan Tock Seng Hospital Oration: The Changing Fabric of Medicine—An Ethical and Social Revolution†

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Introduction

The legacy of Tan Tock Seng Hospital began with the founding of the Pauper Hospital in Pearl's Hill in 1844.

“The worlds of the very rich and the desperately poor crossed in the work of a super rich Boat Quay merchant named Tan Tock Seng. He offered some place of refuge for the number of many unfortunate countrymen who, at present, while suffering under loathsome diseases crowd the streets of the town and daily obtrude themselves on the public charity having no other means of obtaining relief”.

The Legacy of Caring 1994—150 Years of TTSH

From Pearl's Hill to Rumah Miskin and later to Moulmein Road, the hospital cherished its mission of caring and humanitarianism. The Victorian style bungalows and open pavilion type wards have now made way for a new multi-storey complex with modern facilities to meet the expectations of a growing affluent public who have not known poverty, malnutrition or slum dwelling.

“To provide for the poor and helpless is the burden duty of the more fortunate of the Community”.

The Hippocratic School laid the foundations of modern medicine on broad lines, and we owe to it:

- Firstly: the emancipation of medicine from the shackles of priest-craft and of caste.
- Secondly: the conception of medicine as an Art based on accurate observation, and as Science, an integral part of the Science of Man and of nature.
- Thirdly: the high moral ideals, expressed in that “memorable of human documents, the Hippocratic Oath”.
- Fourthly: the conception and realisation of Medicine as a profession of a cultured gentleman.

No other profession can boast of the same unbroken

continuity of methods and ideals.

Sir William Bart Osler (12 July 1849-29 December 1919)

A Continuity of Ideals—Commemorating 90 Years of Medical Education—NUS 1905-1995

Tan Tock Seng is a major teaching hospital for both undergraduates and post-graduates. During the Japanese Occupation of Singapore and Malaya (1941-1945), Singapore was renamed Syonan and Tan Tock Seng Hospital was called Hakuai Byoin. The Japanese Military Administration established a medical school in Hakuai Byoin. The Ika Daigaku (Medical College) which was started on 27 April 1943 was later shifted to the Malacca General Hospital.

The first victim among the medical students during the shelling of Singapore was Yoong Tat Sin in the students' dormitory of Tan Tock Seng Hospital. A further tragedy was to follow during the burial of Yoong Tat Sin in the golf course near the Medical College Building. Ten more students were killed. There is now a bronze plaque in the foyer of the COMB Building in remembrance.

Wordings on the plaque:

*“They shall not grow old
as we that are left grow old
age shall not weary them
nor the years condemn.”*

The best part of my early medical education was staying at the Straits Settlements Hostel, Paterson Road Hostel, and later at the Federated Malay States Hostel at College Road. During those years, we never heard of entrepreneurship or the health industry in the practice of medicine.

My association with Tan Tock Seng Hospital goes back to 1957 when I looked after patients with bone and joint tuberculosis in the wards in Mandalay Road. With the poliomyelitis epidemic in 1958, we brought our patients, mainly children, from the Singapore General Hospital to Middleton Hospital for treatment and rehabilitation.

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Subsequently, the Department of Rehabilitation Medicine was established at Mandalay Road through a generous donation by Dato Lee Chee San.

The first Spinal Injuries Unit was established here and the quality of care and rehabilitation was much improved. I am still honoured to be associated with the Department of Rehabilitation Medicine especially in the field of Spinal Injuries. Tan Tock Seng Hospital should become the National Centre for Rehabilitation Medicine and co-ordination of rehabilitation facilities at the community level and in our Polyclinics and Community Centres. The late Dr Tan Eng Seng had prepared a master plan and this needs urgent implementation.

The Inter-Ministerial Committee Report on Health Care for the Elderly highlights the problems doctors will face in the rehabilitation of the elderly in the next 10 to 20 years. Hip fractures, osteoporosis, senile dementia and ambulatory problems due to disorders of balance and gait will pose many challenges to the geriatric physician and also rehabilitation physicians and therapists. Tan Tock Seng Hospital has already the infrastructure to co-ordinate rehabilitation in all our hospitals. The hallmark of our nation should be our attitude towards the handicapped. Our National University of Singapore needs to look into the establishment of a Department of Geriatric Medicine and Rehabilitation in our Medical Faculty.

The Fabric of Medicine

The incidence of diabetes in Singapore is almost 10% and both diabetes and hypertension go undetected in the ageing population. The commonest causes of strokes and renal failure are diabetes and hypertension. About 250 diabetics lose a leg yearly due to diabetes and this is the commonest cause of amputations in Singapore. This creates a great strain on our limited health facilities in Tan Tock Seng Hospital. Only recently was a Diabetic Centre established at the Singapore General Hospital. These centres are just as important and cost-effective compared to other national centres. Tan Tock Seng Hospital should have such a national centre and co-ordinate it with the Department of Rehabilitation Medicine and the Artificial Limb Centre. Patient education should be at community level with greater commitment by the Family Physician.

When I first entered the practice of medicine 44 years ago, the doctors were happy, enthusiastic and united. They were eager to learn and share experiences with colleagues. Even during meals, we talked about our work, our interesting cases and problems in diagnosis. During my housemanship at the Kuala Lumpur General Hospital, when there was a request to help out in the wards, or in the Emergency Department, we looked forward to the opportunity to see and manage ill patients, some with diphtheria in whom we

had to do emergency tracheotomies and children with diarrhoea in whom we struggled setting up drips. We learnt a lot from the hospital assistants and the nurses who had considerable experience. I must say it was a great joy to work almost 100 hours a week! We gave our services freely and we had the opportunity to learn, do rounds every night and to sit at the bedside and care for the very ill and dying patients. We learnt compassion and humility.

Medicine has been and will always be the noblest of all professions. We have the soul of the greatest profession. The late Professor Sir Gordon Arthur Ransome always reminded us that there are only a few professions in this world, namely medicine, teaching, the clergy and being a professional soldier. We are not tradesmen. We must be humble and grateful for having been given the opportunity to practise and teach and contribute our services to the community.

We are now becoming tradesmen and the spirit of entrepreneurship in medicine and the health industry has destroyed the very fabric and soul of medicine. We have allowed commercial and self-interests to destroy a great profession.

Historically, the stimulus for hospitals and the care of the sick has been attributed to Lord Buddha's moral code that emphasised compassion and charity. Similarly, Christianity, with Christ as the healer, gave similar impetus to the art of physicians and establishment of hospitals and medical schools by religious orders of monks and nuns. The question is now whether we can reform a profession that is slowly losing its soul.

As we approach the next millennium, we need to re-examine our vision, not only in the field of caring for those who are ill, and rehabilitating those who are handicapped, but, equally important, the teaching of good medical ethics and the sharing of our knowledge with our younger colleagues, who should ultimately turn out to be better teachers, better technologists and researchers. There seems to be an unnecessary fear among senior physicians and surgeons that younger colleagues may overtake them both technologically and even clinically with their newer modes of diagnosis and treatment. Some even fear that patients may be referred by family physicians to their younger colleagues in hospitals. Recently, I have noticed traumatic experiences by Heads of Departments who had to make way for their younger colleagues.

Change is inevitable. One should always prepare to pass on responsibilities to one's younger colleagues and sit back and compliment them on their higher achievements and newer knowledge. At the same time, they have the opportunity to share their wisdom and experience, and be even able to counsel doctors and patients as one gets older

and wiser. We should all continue to practise the art and science of medicine as long as our brain continues to function and we remain healthy. Retirement only hastens the onset of dementia and physical disability. There is no doubt that the younger doctors can master technology faster and be more competent and this will be our future as we move into the 21st century. We cannot stop the winds of change. We should not even try but should be part of this revolution of newer ideas and advancing technology.

Unfortunately today, there are many discredited, disgruntled, harassed, depressed and angry doctors who spend less time with patients, trying to conform to the mandate of managerial-administrative government complex.

The authority of doctors has been reduced over the years. Under the guise of cost-containment, managers, insurance companies and managed care organisations who now call themselves gate-keepers, are today telling doctors how we should care for the well-being of our patients. However, we too must be rational and keep an open mind. We will soon be introducing case-mix and diagnosis related groups (DRGs). Doctors need to be educated on the escalating cost of medicine in Singapore. Unfortunately, a lot of time is spent by doctors filling up forms and ensuring that their treatment is properly coded, otherwise, hospitals will lose revenue. With the market economy of today, we are beginning to understand the price of everything at the expense of not knowing the real value of medicine.

Medicine has a long history fulfilling societal needs. The oldest medical text was written by the Sumerians in Mesopotamia (Iraq) from 2208 to 2158 BC.

It was only in the 19th century that biological science and technology came to the forefront. 150 years ago, there was the discovery of general anaesthesia and the germ theory of disease by Louis Pasteur in 1857, Lister's antiseptics, later, the discovery of X-rays in 1895 advanced medicine into the 20th century. It was the 20th century, particularly the latter half that brought about some of the great advances of medicine especially in immunology, preventive medicine and higher technology leading to rapid changes in fields of minimal invasive surgery, transplant surgery, cloning, reproductive medicine, joint replacement and surgical instrumentation. Further advancements in reproductive medicine with multiple pregnancies and cloning pose many ethical issues and we should not allow advances in the biological sciences to destroy the fabric of human life and the natural ageing which is part of life and death. Hope is a divine feeling. Perfection is finality and finality is death. Medicine should not prolong the dying process and further escalate the cost of futile treatments that take away the dignity of a fellow human being.

The Boston Tea Party of 1997

"Doctors and nurses protested and threw the annual reports of "for-profit hospitals". They were protesting against the profit motives of hospitals as well as against the lack of concern for the individual patient. They stood for patient care. There is a need for each physician to examine his or her approach to the patient. It is also a protest against a system that values technical ability and speedy execution over compassion for the patient. It is a protest against a system in which the patient is the client and the physician is the provider. This system is demeaning both to the patient and his physician."

Editorial. A Commentary on Healing (J Bone Joint Surg 1998; 80A:2)

The Changing Fabric in Medical Education, Ethics and Social Responsibility

Medicine is a moral enterprise. It is a commitment of duties owed by a doctor to a patient and the society. This commitment goes back to the 5th century B.C. The medical profession has set its own high standards of practise. We need to be well informed and concerned. The interests of our patients must always prevail over the interests of science and our own pecuniary well-being.

There has been a gradual change in the medical curriculum in Singapore and also in medical schools in the Commonwealth and the United States of America. Undergraduate education is more integrated and social, and ethical issues are being highlighted. Sixty per cent of our graduates will become Family Physicians. They must constantly update their knowledge and skills. The training in Family Medicine is now more structured with the introduction of the M.Med (Family Medicine) and certification in Geriatric Medicine and as "Designated Family Doctors". Caring for the aged, industrial medicine and care of the environment are fundamental to healthy living in an advancing industrialised nation with higher expectations. Doctors will have to play an important role in the preventive aspects of medicine and cannot take good health and the environment for granted. Healthy life styles, exercise, prevention of osteoporosis, accidents and growing old gracefully will be fundamental issues that need to be addressed by doctors, nurses and therapists.

Doctors need to change their mindset in their attitude and relationship with nurses, paramedics and administrators. Much can be achieved for our patients and society if we as doctors practise medicine with greater understanding and humility. Nurses, paramedics and technologists are knowledgeable and well-motivated to provide professional care in operating theatres, ICUs, Emergency Rooms, Civil Defence Ambulance Services and in the administration of

drugs, resuscitation and in administration. All these are fundamental in the practice of medicine as we approach the 21st century. Sharing our knowledge and expertise is good for mankind and will earn the profession respect and admiration. The profession cannot remain aloof and selfish and think only of its own advancement. Sharing and caring must be the hallmark of the medical profession and should be taught by example. We need many role models.

In our hospitals, there is an urgent need to have more structured undergraduate and post-graduate medical education. This should be the role of the Associate Deans who must monitor all aspects of education and keep the Dean and Consultants informed of the standards of teaching and the commitment of doctors and students alike.

Without commitment to teaching and research, the standard of medicine in our hospitals will decline and we will end up as ordinary nursing homes or private hospitals where there is no teaching of graduates or undergraduates.

As part of medical education, we as teachers must treat our doctors, students and medical staff with dignity and respect. We have failed in many respects to inculcate a culture of professionalism, etiquette, mannerism and ethics, which are fundamental. Even at examinations, interviews for appointments and promotions, we must not be arrogant and demean our colleagues. There is an urgent need to establish a good doctor-doctor relationship by showing respect to our colleagues.

The Winds of Change

Doctors as clinicians, surgeons or researchers can no longer remain indifferent to the epidemiology of diseases and its effect on the cost of practising medicine. Even in an affluent society like in Singapore, our patients seek alternative treatment as in Traditional Chinese Medicine. Natural cures, health foods and rejuvenation therapy are in vogue. We need to understand “Traditional Chinese Medicine” and its role in improving the immune mechanism. There is an ongoing research on all aspects of traditional medicine not only in Asia, but also in Europe and America. With drug resistance and emergence of new viruses, AIDS and damage to the environment and unhygienic animal husbandry will endanger our health. We play an important role in preventive aspects of medicines, the proper control and administration of drugs and counselling our patients on healthy life styles and the importance of regular exercises.

Quality assurance and quality improvement are mandatory in providing high standards of care in our hospitals. Quality movement is not new but we have ignored it for too long. There is an economic value in terms of dollars in patient dissatisfaction. Practice guidelines, outcome studies, and evidence-based approach are all now part of good clinical practice. As doctors, we must now be able to understand

financial reports, budgeting and government policies. We are all part of a cost-centre and we must value the expertise of the managers and work closely with the Chief Executive for the benefit of our patients. There is now an urgent need for some of our experienced clinicians to become directors and administrators in hospitals and the Ministry. The leadership role is crucial to the success of medicine in the next century. We must always be scouting for talented academics, researchers and clinicians, not only amongst those in Singapore but also from abroad to further develop Singapore as a centre of medical excellence to meet our goals. The leadership role is crucial for further advancement.

In this age of information technology, we must change our outlook in the way we provide information to the public. The media plays a crucial role in disseminating information to the public on the epidemiology of diseases and social problems like drug addition, alcoholism, family violence and crime.

The medical profession has through the ages, practised their art in “relative secrecy”. Doctors had too much power and we took the trust of our patients for granted.

The public should be aware of the expertise available in our hospitals and also the facilities. There must be mandatory counselling especially on the cost of treatment. Informed consent is crucial and the patient has the right to seek a second opinion. The patients’ autonomy must be respected and confidentially maintained.

The profession has to improve on its communication skills and should also be able to provide useful information to the media without self-advertisement. The public has access to the Internet and we may often have to explain problems and give advice accordingly. Public forums, interviews and talks on health matters are important and can be done with care and sensitivity without the need to solicit for patients and alarm the public to consult the doctor for unnecessary screening.

It is the economic development of Singapore, good housing, education, preventive medicine and healthy lifestyles that have contributed to the health of the nation. Without a strong economy, medical advances in Singapore would not have been possible. Besides being a centre of medical excellence, Singapore should also become a centre of medical education and research.

In the field of medicine, we will face a more competitive environment as we move into Corporate Medicine and the Health Industry. The world is our hinterland not only in economic matters but also in medical education.

“In all this, we see the indications of the great mission Sir Stamford Raffles had for the miraculous manner in which liberal economic

policies would transform a small nation into a great city.”

Dr Goh Keng Swee, 1968

Conclusion

Medicine is a moral enterprise based on a covenant of trust. We must be competent and use our knowledge and skills only in the patients’ best interests. Morally and intellectually, we are our patients’ advocates in caring for their health and welfare.

Today, this covenant of trust is threatened because of the doctor’s materialistic self-interest, “for-profit medicine”, profit guarantees, and the doctor has become a commercial agent in the promotion of drugs, implants and medical

equipment. Scientific papers are biased in favour of those who provide incentives and grants for research.

Medicine is a calling and its long-standing traditions expect that we practise this art and science with humility, honesty, intellectual integrity and compassion. Physicians must not be commercial entrepreneurs or agents of fiscal policy that run counter to our trust.

“It is the fundamentals of our moral commitment that is going to determine the future of our profession and the trust of our patients.”

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