

Response by the Representative of Inductees, Academy of Medicine, Singapore at the 2000 Annual Induction Ceremony—A Call to Patient Advocacy

M Tan,**FAMS, MBBS, FRCS (Edin)*

Master, Members of the Council, Fellow Inductees, Ladies and Gentlemen:

I count myself fortunate to be allowed to join the ranks of the Academy. On behalf of my fellow inductees, may I extend a word of thanks for this honour. Thank you, also, for allowing me the privilege of delivering this Reply.

May I begin with this excerpt from the Oath of Hippocrates: *“I will follow that system of regimen which, according to my ability and judgement, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous.”*

The medical profession faces unique challenges today. Technology has become intimately associated with healthcare, and with it, rising public expectations. Modern technology has undoubtedly improved the clinician’s diagnostic and therapeutic capabilities. At the same time, the resources that may be consumed in the light of their availability are potentially infinite. Cost is a very real issue that today’s health provider has to grapple with. The honourable intentions to offer optimum care based on the sometimes very costly resources available can be easily misconstrued as an excuse for profit. Therefore, it is inevitable that now clinical decisions are made not solely on the basis of benefiting the patient, but also within the constraints of financial consideration. This situation is already occurring to detrimental levels in a few developed countries. It is known that persons without health insurance have been denied treatment at emergency departments in the United States. Down Under, six senior surgeons resigned *en bloc* for lack of funding for their patients. And in the United Kingdom, patients assessed to have a less than satisfactory outcome are given the “Do Not Resuscitate” order for the sake of finances. Limiting resources may be likened to insisting that an athlete compete in a 100-m dash with his hands tied behind his back—the race can be run but not to the best of his ability and casualties may be expected along the way. Optimum care may not be rendered. Given the constraints presently in place and being aware of the trends elsewhere, can our patients be fully assured that whatever is deleterious is abstained from?

Medicine at its core remains a noble profession that is rooted in the principles of beneficence, non-maleficence, fidelity and justice. It is unfortunate that this noble foundation which underlies the art of healing is being eroded by the things that have brought about such advancements in its science.

There is a crying need to rebuild what is being lost. By no means do I pretend that I have all the answers, but may I be so bold as to suggest a few areas where we can begin. Firstly, there could be an initiative towards patient advocacy, where patients may be assured of appropriate and optimum care. Minimum standards of healthcare can be assured with training, accreditation and audit. Measures may be taken to minimise mistakes. In a recent report by the Harvard Medical Practice Study, it was suggested that medical errors caused more fatalities than aviation accidents. If the aviation industry has strict checklists, maximum work hours and high budgets to prevent pilot error, it is surprising that no such measures are in place for the medical profession. Providing the general public with continued information that their healthcare interests are being addressed may contribute to ensuring better patient compliance and reinstate full confidence in the medical profession. On top of these, we should seek the opportunity as a profession, to provide input and guidance in the matter of health policy planning.

May I at this juncture conclude with another excerpt from the Oath of Hippocrates: *“I will go . . . for the benefit of the sick.”*

May I thus call upon my fellow inductees today to take a step in that direction, to rekindle the flame for patient advocacy and practise Medicine as it was originally intended. This will require courage. But it is perhaps the only means by which the highest level of professionalism can be attained, the quality of patient care continually improved and the high ideals of the Academy upheld.

Thank you.

* Associate Consultant
Department of Surgery
Tan Tock Seng Hospital