Patient's Interest First

The Nature of Medical Ethics
——— and ———
The Dilemma of A Good Doctor

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The Dilemma of A Good Doctor

by

Arthur S M Lim

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“I solemnly pledge to :
dedicate my life to the service of humanity;
give due respect and gratitude to my teachers;
practise my profession with conscience and dignity;
make the health of my patient my first consideration;
respect the secrets which are confided in me;
uphold the honour and noble traditions of the medical profession;
respect my colleagues as my professional brothers and sisters;
not allow the considerations of race, religion, nationality or social standing to
intervene between my duty and my patient;
maintain due respect for human life;
use my medical knowledge in accordance with the laws of humanity;
comply with the provisions of the Ethical Code; and constantly strive to add to
my knowledge and skill.

I make these promises solemnly, freely and upon my honour.”

The Singapore Medical Council Physician's Pledge

Contributors

Doctor Vivian Balakrishnan

M Med(Ophth), FRCSE, FRCOphth

Dr Balakrishnan is the Deputy Medical Director of the Singapore National Eye Centre; Dept Director, Dept of Ophthalmology, National University Hospital; Consultant & Clinical Head, Paediatric Ophthalmology Service, KK Women's & Children's Hospital; Senior Lecturer, Dept of Ophthalmology, National University of Singapore; and a council member of the Singapore Medical Association.

Chapter VII

Doctor Gwee Ah Leng

M D, FRCP

Dr Gwee was the former Senior Physician, Dept of Clinical Medicine, University of Singapore; former President of the Singapore Medical Council; former President of the Singapore Medical Association; and a leading thinker on medical ethics

Chapters I and II

Doctor Khoo Chong Yew

PBM, MB BCH, FAMS, FRCSE, FRACS, FRCOphth, DO

Dr Khoo is the Founder Chairman of the Ethics Committee in the Gleneagles Hospital and the Singapore National Eye Centre; member of the Complaints Committee of the Singapore Medical Council; member of the National Committee of Ophthalmology in charge of ethics; and member of the Inquiry Panel of the Singapore Law Society. He was the President of the Singapore Medical Association.

Chapter VIII

Professor Arthur SM Lim

BBM, MBBS, FAMS, FRCS, FRCSE, FRACS, FICS(Hon), FRACO, FRCOphth, DO

Professor Arthur Lim is the Clinical Professor and Head, Dept of Ophthalmology, National University of Singapore; Medical Director of the Singapore National Eye Centre; past President of the Singapore Medical Association; and a former member of the Singapore Medical Council. Amongst the appointments which Professor Lim holds on the international level, he is the Second Vice-President of the distinguished Academia Ophthalmologica Internationalis, the council responsible for the promotion of medical ethics in global ophthalmology.

Chapters I, II, III, IV, V, VI, VII & VIII.

Editor

Dr Janadas Devan

PhD MA, BA(HON)

Dr Janadas Devan has published and translated numerous books and written reviews and articles on politics and culture in Singapore, Malaysia and India. His work has appeared in The Hindu, Indian Financial Express, Straits Times (Singapore), Business Times (Singapore), MR (Malaysia).

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Preface

When major changes in medical practice escalates in the twenty-first century, ethical problems will become the dilemma of doctors. If we can embrace these changes and influence ethics, by always placing patient's interest first, it may be possible to show the world once more that doctoring has always been the noblest of the professions.

Many of the challenges of medical ethics did not exist when Hippocrates wrote his famous oath. The medical demands of the twenty-first century will include numerous new problems of quality care, increasing patient demand, the impact of high technology, the definition of death and controversies regarding the right to live and the right to die. In addition, there will be questions raised by research on embryos, new approaches to genetics, the ethics of experiments on animals and clinical trials, and the problems of limited medical resources. These will lead to grave dilemmas causing uncertainty and confusion in the medical profession.

These changes — combined with increasing health costs running into billions per annum — will force governments, politicians and administrators to impose their will on the medical profession. I believe that this will lead to a revolution in medical thinking and ethics.

I owe a great deal to Dr Gwee Ah Leng for much of my thinking on medical ethics. As a young doctor, I used to immerse myself regularly in deep discussions, both assisting and learning from him, as he delved into medical ethics some 20 to 30 years ago.

This publication contains lectures, thoughts and essays on medical ethics by Dr Gwee Ah Leng and a number of leading Singapore doctors like the late Dr Tan Joo Seng and Dr B.R. Sreenivasan. It is useful to record the ethical concepts of our leaders in medicine — despite the disadvantages of overlapping ideas, and disagreements in thinking. In fact, controversies on medical ethics is essential for progress in a world that has rapidly changing values.

Let us also look at some of the issues that will be discussed:

Chapter I and II are based on Dr Gwee Ah Leng's thoughts, his private papers on ethics, and his discussions with me.

Chapter III evolved from a 1996 address I delivered to medical undergraduates at their annual dinner and Chapter IV emphasizes the importance of ethics and how it relates to the nation. The material is based on my Singapore Medical Association lecture.

Chapter V explains the need for better communication between doctors and their patients, and the increasing public demand for information throughout Asia. I remember once, when a representative of the Singapore Medical Association was required to speak to a thousand people. No doctor wanted to and I had to volunteer. As it turned out, the first questions were quite aggressive.

One of the questions asked was, *“If I have already paid \$60 for a consultation, why must I pay the doctor more money when I ask for a medical report a year later? Is the doctor exploiting me?”*

It was explained that a medical report incurs administrative costs. A filing clerk has to retrieve the case notes. After the facts are verified, the doctor dictates the report. A medical secretary types the letter for the doctor to sign. It is then posted.

Chapter VI deals with limits to a doctors' freedom to treat patients as individuals. Doctors also have a duty to our rapidly changing society. Many non-medical influences like economic development, public demand, high technology, manufacturers, medical insurers, hospital administrators, and politicians have an impact on the profession. All this has led to upward spiraled healthcare costs that run into billions of dollars. Our society is also becoming increasingly litigious. Patients are demanding that their 'rights' be acceded to.

Chapter VII by Dr Vivian Balakrishnan, deals with the quality of life and the right to live. The last few years have seen the rapid development of high-technology medicine. On one hand, this has allowed doctors to help prolong life. On the other, it has introduced controversial ethical issues.

Chapter VIII deals with the future of medical ethics by Dr Khoo Chong Yew, who has been promoting ethics for two decades. Dr Khoo was also the President of the Singapore Medical Association, and a member of the Singapore Medical Council.