SMC in-touch
December 2005

Speech By Dr Balaji Sadasivan,

Senior Minister of State, Ministry of Information, Communications And The Arts And Health
At The Singapore Medical Council Physician's Pledge Affirmation Ceremony
On Saturday, 7 May 2005 At 4.00 P.m.
At The Auditorium Of The College Of Medicine Building

Prof. Nambiar, President
Singapore Medical Council
Mr. Moses Lee, Permanent Secretary, MOH
Prof. Satku, Director of Medical Services
My medical colleagues,
Ladies and gentlemen

I am honoured to be here at today's Singapore Medical Council physician's pledge affirmation ceremony. In the next hour, about 240 young men and women will affirm the pledge that binds them to the ethics of our profession.

For the seasoned doctors here, this ceremony marks the yearly infusion of bright young minds into our ranks – new blood who join us, and through their energy and idealism will continue to sustain the noble calling of our profession.

For the new doctors, you would have realised over the last year that your life has forever changed. You have strived so hard for so many years, and now finally, you are what you wanted to be – a fully registered doctor. And as a doctor, the world will expect you to live by the pledge you take today - the pledge that makes you one of us.

While I am certain you journeyed hard to reach this point where you join our ranks as a doctor, you did not make this journey alone. Many have helped you to make this day possible- your parents, your friends, your teachers, your professors and many others. You owe them a debt of gratitude. I congratulate you on your success and in so doing I am also congratulating all those who helped you in your journey.

You are entering medicine at an exciting time. The frontiers of medical science have expanded

> "You are entering medicine at an exciting time. The frontiers of medical science have expanded rapidly."

rapidly. Medicine has eradicated small-pox. It has doubled the life expectancy of the human species. The human genome has been decoded and we are learning the fundamental secrets of life, disease and death. New drugs and treatments are today saving lives that would have been lost just a few years ago. Your challenge is to continuously keep up with the advances in medicine so that your knowledge and technical skills meet the standards expected by the community. You must always be a skilled practitioner of your craft.

The benefits of modern medicine come with a high price tag. When I was a medical student, a patient who suffered a heart attack was treated with bed rest, morphine injections and oxygen. Today a similar patient could undergo a cardiac angioplasty, cardiac stenting or cardiac by pass surgery. The cost have increased manifold.

Healthcare systems therefore strive for efficiency and aim to provide the highest quality care at the lowest possible cost. So when you work in our hospitals, you will encounter a new vocabulary that includes words like productivity, unit cost and the bottom line. You are learning the underlying economics of the healthcare business. It will impact your lives.

Reimbursement may sometimes seem unfair in a market system which values the skill needed to create a pretty double eyelid higher than the skill needed to save a life in the emergency room. But please remember that the rewards you will enjoy in the practice of medicine cannot be measured by the financial yardstick of the healthcare administrator or hospital manager alone. No reimbursement for your

dedication will come close to matching the value of the gratitude from a patient and his family for having truly saved someone's life.

You must believe that the practice of medicine is much more than just a craft or a business.

The practice of Medicine is a privilege. It is a privilege that allows us to touch the lives of others. As a doctor, people will naturally trust you. They will tell you things they will tell no one else. They will confide in you because you care, because you can help, because you can heal. The profession must preserve this trust. The pledge you take today binds you to standards that will preserve this trust.

The practice of medicine is a calling. It is a calling in which your heart will be exercised as much as your mind. Your call is to be with those who suffer. Your call is help heal the ill and the disease ridden, mend broken bones and touch wounded spirits.

"The practice of Medicine is a privilege. It is a privilege that allows us to touch the lives of others."

Sir William Osler wrote that, "the profession of medicine is distinguished from all others by its singular beneficence."

"Nothing will sustain you more potently than the power to recognise in your humdrum routine, the true poetry of life — the poetry of the commonplace, of the ordinary man, of the plain, toil-worn woman, with their loves and their joys, their sorrows and their griefs."

I wish you all success as you begin your lifelong practice of medicine and start your careers as doctors. I have no doubt that you will be a credit to yourselves, to your families and to the medical profession.
Thank you.

Physician's Pledge taking Ceremony – 7th May,2005 - Prof Raj M. Nambiar

Dr. Balaji Sadasivan, Senior Minister of State for Health, Mr. Moses Lee, Permanent Secretary, Ministry of Health, Distinguished guests, ladies and gentlemen

It is my pleasure and privilege to welcome you all and say a few words at this physician's pledge taking ceremony. At the outset let me extend a special welcome and congratulate all those who have completed the requirements for full registration with the Singapore Medical Council to practise medicine in Singapore.

We are very honoured to have Dr Balaji as our guest of honour. Thank you Minister for your kind presence and support. Before I proceed, let me also thank the Council for asking me to speak on this occasion.

The physician's pledge taking ceremony has become an important annual event for the Medical Council and the doctors attending the function. It gives us the opportunity to remind ourselves of our duty and reaffirm our commitment and obligation as medical doctors. Therefore I thought it would be appropriate to touch on three points: -

The pledge, your practice and your patients.

The pledge that you are taking today is based on the 1948 Geneva declaration adopted by the World Medical Association. This is a modified version of the old Hippocratic Oath which in its original form would have been impossible for you to fully conform to. Among other things it makes it your financial responsibility to care for your teacher and his family in perpetuity.

Designing a comprehensive declaration and to make it relevant for current practice is not an easy task although some professional bodies have attempted to define the core duties and standards expected of its members.

The pledge is essential for professionals as it provides a broad ethical framework for the conduct and practice of doctors. It creates the doctors' moral identity.

All the various modifications of the pledge have three important obligations in common, namely duty to the public, duty to the patient and duty to the profession.

These include dedication in service of humanity, practising with conscience and dignity, consideration of patients interest above all others, respect for colleagues, ethical practice and upholding the honour and tradition of medical profession.

Starting as a medical doctor in Singapore offers many opportunities and great challenges. It is well known that we have an advanced health care system, with excellent primary care and modern hospital facilities, state-of-the-art technology and a well-trained medical work force including specialists in all fields.

We have a reputable University, which is now 100 years old. The employment opportunities for doctors are present in many sectors, clinical, and academic and research fields. Unlike in some countries, we do not have to switch careers for want of opportunities. In fact medicine is still a popular choice for aspiring top students.

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"The patients today are better educated, more knowledgeable and have increasing expectation of treatment. They also demand accountability and are less tolerant of unfavourable outcomes."

During the last few decades the practice of medicine has been rapidly changing. The remarkable advances in medical science and technology has given us new drugs, modern imaging, minimal invasive surgery and organ transplantation to treat diseases, improved health and quality of life.

We have more choices and more effective treatment for a wide range of diseases like cancer, heart and vascular problems. Unfortunately the cost of providing quality care is also increasing and will continue to rise as the population ages and demand for health care increases.

The patients today are better educated, more knowledgeable and have increasing expectation of treatment. They also demand accountability and are less tolerant of unfavourable outcomes.

As the medical practice has become more complex there has also been a disturbing change noted in the attitude among doctors. In some countries a deteriorating trend in ethical integrity, professional values and behaviour have caused serious medicolegal problems and disrepute to the profession. It would seem that the pace of change in biosciences and technology has in some ways outstripped the development of professionalism.

The challenge for the medical profession is in meeting the increasing expectations of the public and patients in a rapidly changing society while preserving our own traditional professional values.

What do the public and the patients expect of their doctors? There are no published results of any local surveys, but it may not be too different from what the GMC had noted in U.K.and I quote "People want doctors who are up to date and skilful, who will treat them with kindness and consideration, listen and respect their views. They want doctors they can trust."

These simple statement underscores the key points in the physician's pledge. These are professional competence, ethical values and behaviour and professional responsibilities.

Patients today expect their doctors to be skilled and competent to provide them with high quality care. Every doctor has a personal responsibility to keep up to date with current knowledge and skills relevant to the practice and make this a life long habit. This is also the aim of the continuing medical education programme, which is now compulsory for all doctors in Singapore.

The Singapore Medical Council as all of you may know is empowered under the Medical Registration Act. One of the important functions of the medical council is to determine, regulate and uphold the standard of professional conduct and ethical practice of registered medical practitioners. This is to protect the public from the dangers of poor practice.

It is satisfying to note that reports of serious breach of professional misconduct are rare. The public continues to have much trust in

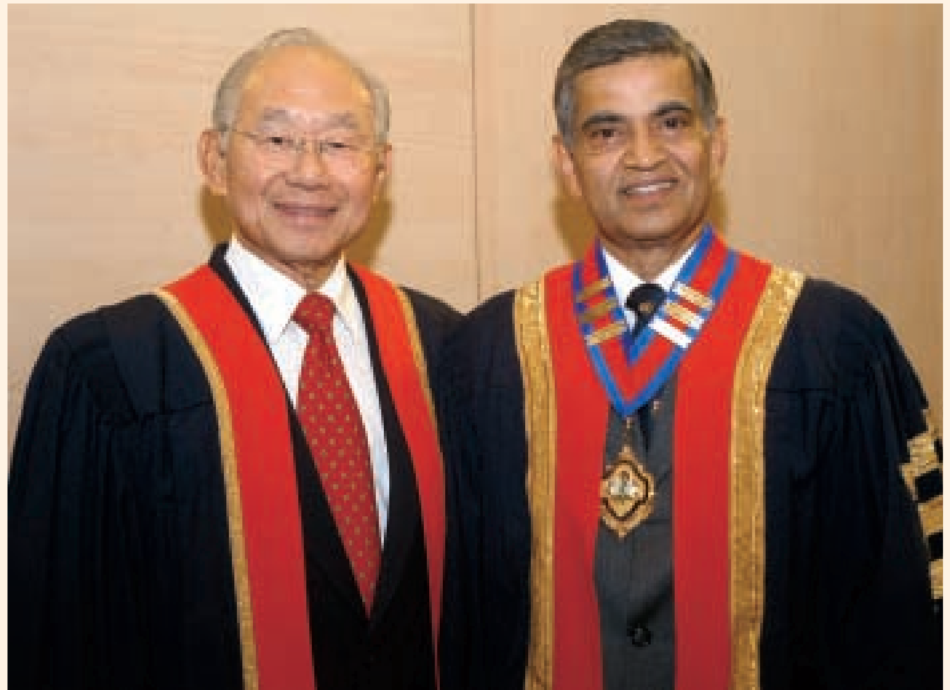
our doctors. The SMC has the responsibility to exercise its duty to discipline members of the medical profession who fail to uphold the high standards demanded by the society.

The delivery of care with integrity, honesty and compassion and demonstrating appropriate personal and interpersonal behaviour is a moral obligation of every doctor. We must avoid the common trend as we move up in science and technology, not to lower our standards in terms of humanistic qualities such as caring, empathy, humility, compassion and sensitivity.

Before I conclude I would like to say a few words on professional self-regulation. Self-regulation involves maintaining standards and independence in carrying out the professional work but with integrity and responsibility for moral and ethical behaviour.

Professional self-regulation is a privilege granted by Government and not a right because of qualifications. It has to be sustained by our good standard of medical practice and ethical behaviour. This is also explicit in the physician's pledge.

I should like to end on an optimistic note for your future. You have now acquired the basic foundation of knowledge and skills to start as a doctor. But to sail in uncharted seas of the future, you will have to continually upgrade your knowledge, skills, communication, attitude and behaviour not just to keep afloat but to sail smoothly in the right direction. There will be unexpected storms ahead.



"You have very important passengers on board, your patients. Your challenge is not only to see them to their destination, but also to give them a pleasant experience of the voyage. That's when you will have won their trust forever."

And, you have very important passengers on board, your patients. Your challenge is not only to see them to their destination, but also to give them a pleasant experience of the voyage. That's when you will have won their trust forever.

Keeping up with life long professional development and applying it in your practice is your best assurance to weather the rough seas.

Let me end on a personal note. As my own professional career draws to an inevitable close, yours is just beginning. I hope you will find as much satisfaction as much fulfilment and as much joy in your careers as I have in mine. Thank you.

The Seven Habits of Highly Effective Physicians

Dr Kanwaljit Soin

I graduated more than 30 years ago and during this time, medical practice has undergone a tremendous transformation. But some things have not changed. Physicians for instance, still face the issue of how best to realise the values and attributes of a caring, compassionate and competent professional.

Justice Louis Brandeis, one of the most notable and influential American Supreme Court Judges on legal thought, formulated a well accepted definition of professionalism. According to him, professionalism is based on a specialised body of knowledge known only to its practitioners; that it is pursued primarily for the benefit of others rather than for personal gain; and that as a result, its practitioners are granted great autonomy in decision-making and self regulation.

Joining a profession entails a societal contract. Given a monopoly over the use of a body of knowledge and the privilege of self-regulation, we physicians, in return, guarantee society professional competence, integrity and the provision of altruistic service – i.e. service above self.

In reality, society's attitudes to professionalism have evolved over time. A supportive stance has become increasingly critical — with physicians pilloried for pursuing their own financial interests, and failing to self-regulate in a way that guarantees professional competence. Professional values are also threatened by many other factors. The most important are the changes in healthcare delivery, with control shifting from the profession to the State and or the corporate sector. Experts believe that organising healthcare on state or corporate control models imposes different goals and values from models structured around professionalism. Advocates of professionalism are worried by this shift. William Sullivan, a prominent medical sociologist has warned: "Neither economic incentives nor technology nor administrative control has proved an effective surrogate for the commitment to integrity evoked in the ideal of professionalism."

In fact, both society and the profession should wish for the

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same type of physician—one who is responsible, reliable, accountable, and yet, humble, honest and caring. This "true north" of ideal traits is best guaranteed by a healer functioning as a respected professional. The healer's primary responsibility is to the patient, while the professional's main responsibility is to society. Professional status gives prestige, standing and financial rewards which at times appear to be in conflict with the role of the healer. The public cannot differentiate between these two roles. It is the physician's duty to reconcile both roles, ideally with a pronounced tilt towards being a healer - physician.

And how can this be done? There is no silver scalpel. With more than three decades of experience as a physician, I can only offer some broad imperatives that I have personally tried to practise. I will call these the *seven* habits of highly effective physicians. To attain the dual role of healer and professional, it is necessary that:

1. *Physicians should be knowledgeable*. They have to be committed to life long learning and to acquiring and dissemination of new knowledge such as in biomedicine and scientific method. Physicians have to seek truth, using science as the best approach to truth and practising evidence-based medicine. But, over reliance on instruments has its own pitfalls as Groucho Marx infamously observed of a doctor, 'Either he is dead or my watch has stopped'.

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2. *Physicians should be altruistic*. They should avoid conflict of interest. They should exhibit compassion, honesty and ethical probity. There is agreement that the trust placed in the professions and their privileged status are only justified by the expectation that they will be altruistic. For physicians this means consistently placing the interests of individual patients and society above corporate or individual interests. The professions must be devoted to the public good-for doctors this entails curing and healing when possible but always caring and comforting.

3. *Physicians should not behave in a paternalistic fashion.* While acting in the best interests of the patient they should recognise the autonomy of the patient. They should treat the physician-patient relationship as a partnership. Patients who actively participate in their care tend to have improved medical outcomes especially in chronic diseases like hypertension and diabetes mellitus. Even a simple statement like, "I would like us to make the decision together," can indicate to the patients that they have a say in the process.

4. *Physicians should exhibit skill.* This applies to communication, clinical skills, medical reasoning and management of conditions. While we seek to be error-free, we know that we are mistake-prone. The ability to preserve an appropriate balance between patient care responsibilities and personal commitments also is an important feature of professional behavior.

5. *Physicians should be dutiful* (attending to preventions and the health of populations, engaged in social action for health and leading health systems). We have to be responsive to the health needs of society and advocate for the least empowered and most vulnerable of our patients.

6. *Physicians should be sensitive and receptive*. Sensitiveness to cultural, gender and age differences, including awareness of our own and our patients' perspectives must always be respected. We have also to respect patients, their families, and other physicians and professional colleagues. Good physicians have to be

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accepting, empathic, open-minded and open-hearted.

7. *Physicians must believe in the importance of passion* – passion for learning, passion for teaching, passion for new knowledge and for innovation. Whatever our notions about academe may be, it is not sheer intellect that moves us from moment to moment, but the combination of heart and head, intellect and emotion. Passion energises us in every activity. We believe in the wonders of medicine, the profound nature of our work, and the deep meanings expressed by what we do with our patients, one another and our community.

It is important for practitioners to appreciate the distinction between disease, illness and disability. Diseases are defined and categorised according to our contemporary understanding of causal mechanisms and pathophysiology. As new knowledge emerges, disease definitions and terminology change. Illness, by contrast, is the subjective experience of suffering and, as such, can only be defined by reference to the sick person. Disability is the functional impairment - physical, psychological and social - caused by disease and illness.

Even though an underlying disease process cannot presently be defined in patients with some diseases e.g. chronic fatigue syndrome, the suffering and disability caused by the illness can be very considerable. It is therefore important that doctors acknowledge the reality and seriousness of the suffering and disability experienced by people with such diseases. In the final analysis, our goal as physicians should not only be to identify and treat disease, but also to help relieve suffering and disability, whatever the cause. While we take on the role of the caring healer, we must remain the consummate professional.

To paraphrase George Bernard Shaw- The profession’s morals are like its teeth. The more decayed they are the more the profession hurts. In conclusion, with a nod to Stephen Covey, I would venture an 8th habit that makes an effective physician a great one – physician, heal thyself and thy profession!

Medicine 2010

by Clinical Professor Chee Yam Cheng

Today bad medicine gets rewarded. There are perverse incentives to not do the right thing. One reason is because it is not easy to do the right thing. When medicine turns bad, patients suffer: some die. Staff also suffers for it is not the intention of staff to hurt patients. But it happens. And staff do get demoralised and emotionally traumatised. Patients do complain about doctors to the SMC. Patients do sue their doctors. The trend may be increasing. But by 2010 the trend should have reversed. How so? This is what this short article is all about.

Redesign

The 21st century health care delivery system is in dire need of redesign. It may not be in need of repair for it ain't broken. But it needs a redesign built around patient safety. Health care today harms too frequently and fails to deliver its potential benefits routinely. Medical science and technology have advanced rapidly but the health care delivery system has not kept pace. It is not bad people running or working in the system that results in today's scenarios. It is good people working in a bad system that demands too much for the human mind and body to not err. Remember we are not robots. The new system must help us, support us, do our best for our patients. It should not obstruct or impede us.

Rules for Change

Care should be based on continuous healing relationships. Everyone of us is a potential patient. We know how it feels to be trapped in a system that does not seem to meet our needs at the right time and right place. We want a system responsive at all times, with access to care provided over the Internet, the telephone and any other means, other than and in addition to face-to-face visits.

Care should be customised to individual patients despite clinical pathways and protocols in abundance. While we agree to a minimum but high standard of care, driven by evidence-based medicine, the system should still have the capability to respond to individual patient choices and preferences.

The health system should be anticipatory rather than reactionary. A limited number of conditions, about 15 to 25, afflict many people. Nearly all of these are chronic. Implementing well designed care processes for these conditions will require significant resources in organisational capacity, information infrastructure and training of interdisciplinary care teams.

Waste should be progressively eliminated. Waste of resources and patient time are sinful. Better scheduling and agreement by providers and patient to the contract of care e.g. by keeping to appointments, will enhance the healing relationship. It is unhelpful to be confronted by an angry doctor or patient who has to wait.

Patient Focus

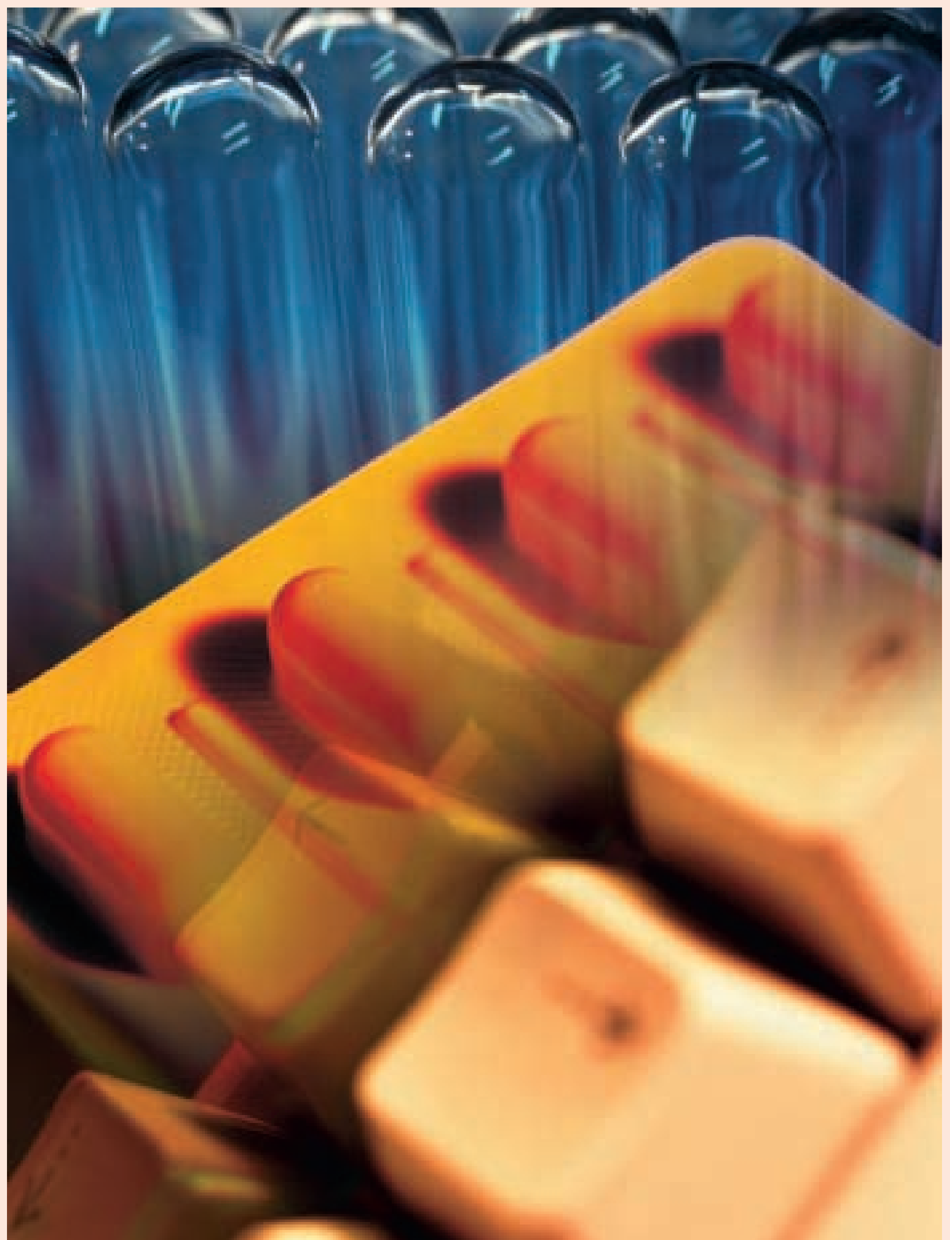
The patient should control their health care. They should be given more information and opportunity to exercise control over health care decisions that affect them. To do so all necessary and relevant knowledge should be shared with the patient. Most importantly, patients should have unfettered access to their own medical information and to clinical knowledge.

Care should be safe. Patients should not have to worry about injury. The health system should be more transparent to patients who make informed decisions regarding what care, where and who to consult.

Clinicians need more cooperation among themselves to ensure an appropriate exchange of information and coordination of care.

Information - Communication

It is a sad reflection that we do not know how to communicate effectively and sensitively. Worse if we do not even have the necessary and accurate information to communicate with our patients. The needed information technology infrastructure can be used more widely not only to improve access to clinical information (for example, EMRX between the two clusters) but also to support decision-making. The GPs also need the information so that effective care teams can be developed, especially to coordinate care for patients with multiple conditions who may use a variety of services in different settings over time. The revolution in information technology that is transforming nearly every other aspect of society has yet to impact health care significantly. The meticulous collection of personal health information throughout a patient's life can be one of the most important parts of providing proper care. Yet for most individuals, that health information is dispersed in paper records poorly organised, often illegible and not retrievable in a timely manner. This makes it impossible to manage many forms of chronic illness that require frequent monitoring and ongoing patient support.



Clinical data will not be handwritten by 2010. Information technology must play a central role in the redesign of the health care system. Only then will there be substantial improvement in quality. Information must freely flow, subject to patient rights and rules about confidentiality. Only then can enhanced performance and outcome measurement be routinely tracked and communicated to all stakeholders,

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chief among whom are the patients.

The information infrastructure as a bonus will spin off support for consumer health, quality measurement and improvement, public accountability, clinical and health resources research and clinical education.

Outdated Medical Practice

Today, scientific knowledge about best care is not applied systematically nor expeditiously to clinical practice. Considerable amounts of money are spent on clinical research but relatively little attention has been paid to implement them into routine clinical practice. The passive dissemination of information is generally ineffective[1]. Educational materials(distribution of recommendations for clinical care, including clinical practice guidelines, audiovisual materials and electronic publication) and didactic educational meetings (such as lectures) are interventions with little or no effect.

The interventions that consistently promote behavioral change among health professionals are educational outreach visits, reminders (manual or computerised) multifaceted interventions (a combination of 2 or more of the following: audit and feedback, reminders, local consensus processes, or marketing) and interactive educational meetings (participation of health care providers in workshops that include discussion or practice). Intervention of variable effectiveness include audit and feedback (or any summary of clinical performance), the use of local opinion leaders (practitioners defined by their colleagues as influential), local consensus processes, and patient mediated interventions (any intervention aimed at changing the performance of health care providers for which specific information was sought from or given to patients).

The use of computerised decision support systems has led to improvements in the performance of doctors in terms of decisions on drug dosage, the provision of preventive care, and the general clinical management of patients but not in diagnosis[2].

So by 2010 with our IT infrastructure in place in the public sector (and hopefully the private sector) information would flow seamlessly. That which is confidential would be guarded by the patients (with access granted to providers only when they give permission) and other information available would be for education, training, research and quality or performance indicators. With clinical decision support systems, we would deliver timely and appropriate care. Today you are sent reminders on when to service your car but who reminds you as a doctor to do certain clinical examinations or order certain tests for your patients? With the ever increasing number of drugs (some names you cannot remember, much less spell) how can you assure yourself you have prescribed the right drugs to the right patient at the right dose at the right time (usually by the oral

route)? Well, the computer will help you and legibly record for you so that the pharmacist makes no mistake in giving out the drugs.

Pay and Pay for what?

Among the potent drivers of human behaviour are financial incentives and reimbursement systems. If these are upside-down, as Medicare's is, hospitals and doctors who order unnecessary tests, provide poor care or even injure patients often receive higher payments than those who provide efficient, high quality medicine[3]. The way Medicare is set up actually punishes you for being good. Researchers at Dartmouth Medical School who have been studying Medicare's performance for three decades, estimate that as much as $1 of every $3 is wasted on unnecessary or inappropriate care. Waste is driving up the overall cost of health care.

In analysing disparities across zip codes in the US, it was found that these could not be explained by differences in local prices or rates of illness. Rather, higher spending is related to the number of specialists, hospital beds and technology available. "If you have twice as many docs in a community," said a physician, "you end up with twice as many office visits." Miami which has twice as many specialists as the national average, more hospital beds and more technology, is far more expensive than Minneapolis – a city in a low cost, high quality state – even after adjusting for differences in patients' age, sex race and medical condition.

Women in Medicine

By 2010, if women in our medical schools locally continue to exceed 50% of their cohort each year, the impact on human resource management cannot be ignored. The President of the College of Physicians London has made several statements about this matter. We should not ignore them. Workforce planning is an inexact science. Women may have other priorities before medicine. Even with flexi-time and reduced hours of work, not all lady doctors would choose full-time employment.

It is felt that more women in medicine may mean better patient-physician relationships as female physicians offer more emotional support, encouragement and reassurance to their patients and engage in more psychosocial discussion than male physicians[4]. But despite these positive communication behaviour, studies have not consistently shown higher patient satisfaction with female physicians.

Feminisation of the workforce raises questions about care for male patients. What is the preference of patients for same gender physicians? In Russia and Estonia where medicine has long been dominated by women, the profession is considered a low status profession[5].

Would they choose softer options? I do not think this wrong. Can they be productive full time homemakers? Of course they can. So will we continue to have a shortage of doctors with two medical schools running full steam?

Conclusion

What has all the foregoing to do with the Singapore Medical Council? Let me make some guesses.

One, with a safer health care system where patients know what is going on (because they are better educated generally) and are educated about their own illnesses, more knowledge can be a two edged sword. With quality improvement programmes in institutions protected by non-disclosure of specific incidents and accidents, the standard of care processes will rise. With all public institutions in receipt of Joint Commission International accreditation, patient and family rights and education would be the norm. So maybe there will be more complaints to the SMC because of acts of commission and omission when care is not properly transferred from one agency to another.

Secondly, change in doctors' behaviour and medical practice takes time. As with all change processes, there will be early adopters, and laggards. So the latter group may not quite catch up with medical advances and continue practicing outdated medicine. It would be unimaginable for medical practice not to be computerised by 2010. The SMC can therefore embark on substantial 'e' learning and interactive update programs.

Health care costs will rise. So the third issue will relate to cost effectiveness of medical therapies. Yes costs and bills will rise but was the clinical outcome

"Yes costs and bills will rise but was the clinical outcome worth the costs? This would be area of contention and a source of complaints."

worth the costs? This would be area of contention and a source of complaints. Would the lay public understand risk; that in medicine, there are no guaranteed good outcomes? (And pay a high price for a bad clinical outcome?)

Would 7500 doctors be enough or too many for Singapore? If too few, quality of care may suffer; if too many, doctors may find inappropriate and unnecessary things to do on their patients.

Finally as regards the clinical competency, clinical outcomes and practice patterns of doctors, the Ministry of Health would be in a very good position to access all necessary data from the data warehouses available when Medicine in Singapore is fully computerised, both in the private and public sectors. Doctors do not need to specially record in log books their medical activities and operations. All will be done once doctors key in patient data into their computers, which would be nationally linked. From these data, the SMC will know more about the clinical practice and patient care of its doctors. Frightening? No. Just becoming more transparent which is what patients and the public expect.

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Awards Received by Council Members

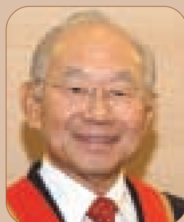
A/Prof Tay Boon Keng

Dr Ho Nai Kiong

The Singapore Medical Council (SMC) congratulates **A/Prof Tay Boon Keng** and **Dr Ho Nai Kiong** for receiving National Day Awards this year – the Public Service Medal and the Public Administration Medal (Silver) respectively.

Thanks and appreciation

Five senior members of the Singapore Medical Council (SMC), Dr Lee Suan Yew, Dr Clarence Tan, Prof Low Cheng Hock, A/Prof Lim Lean Huat and A/Prof Adrian Leong, stepped down when their terms of office ended in May 2005 (Dr C Tan, A/Prof Lim L H and A/Prof A Leong) and Aug 2005 (Dr S Y Lee and Prof C H Low).



Dr Lee Suan Yew has been a member of the Council since 1 Sep 1993. He was elected as the Council's President on 3 Oct 2000. The SMC deeply appreciates the invaluable contributions and unstinting work of Dr Lee, in particular as President of the SMC from 2000 to 2004. He was also Chairman of the SMC's Appeals Panel for Continuing Medical Education and Chairman of various other Committees in SMC, including numerous Complaints and Disciplinary Committees.

Dr Clarence Tan was first elected as SMC member on 19 May 1993. He had a long and dedicated service as member of the Council with many invaluable contributions, in particular as a member of the Education Committee, and as chairman of many Complaints and Disciplinary Committees.

A/Prof Lim Lean Huat was first elected from 9 April 1994 to 8 April 2000 and re-elected from 21 Nov 2000 to 18 May 2005. Despite having to run a busy family practice and teaching at the Department of Community, Occupational & Family Medicine, National University of Singapore, he actively participated in the work of the SMC and chaired many Complaints Committees and Disciplinary Committees.

Prof Low Cheng Hock was first appointed as a member of the SMC on 1 Sep 1999. The SMC appreciates his dedicated service to the Council, in particular for the work he had done as Chairman of several Complaints Committees, as a member of the Credentials Committee, Disciplinary Committees and the SMC's Appeals Panel for Continuing Medical Education.

A/Prof Adrian Leong was elected as a member of the Council on 19 May 2002. Despite a busy schedule, he actively participated in the Council's work as member of the SMC's Credentials Committee, and chairman of several Complaints and Disciplinary Committees.

The Council and the medical profession have benefited tremendously from their leadership, contributions, wisdom, and experience. We wish them good health and all the best in their future endeavours.

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