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Editorial

Udom Poshakrishna Memorial Lecture

Coping with the Challenge of the Future

Vithya Vathanophas, MD

President, the Royal College of Surgeons of Thailand (2005-2007)

His Excellency Privy Council A.C.M. Kamthon Sinthvananda, Mr. President, the Royal Australasian College of Surgeons, Distinguished Guests, Members, Ladies and Gentlemen

Being here today to address to this distinguished assembly of surgeons brings back a great memory of mine toward Professor Udom Poshakrishna, a charismatic figure and a mentor of mine. He was Chairman of Department, Dean of Medical School, President of this College, Minister of Health, but most importantly he was without doubt the role model of most old-day surgeons in Thailand.

The past two decades witness a breadth-taking-change in modern medicine, and it seems that the speed of change is accelerating. Medical imagings, minimally invasive and interventional technologies, to name just a few, have advanced to a degree we never dreamt of. These changes are especially dramatic for surgeons of my generation. Looking back in time when our practice was almost purely based on careful history taking, physical examination and surgical craftsmanship. In the old days, our Medical License was wisely issued in Thai as "Bai Prakob Rok Silpa" or "Licensure for the Art of Healing". At the present time, it is issued merely as "License for Medical Practice".

The Mastery of Surgical Practice was undoubtedly the pride of every surgeon of my generation and indeed inspired many medical students to pursue his or her career in surgery. In this modern era of surgery, surgeons are armed with Hi-tech diagnostic and therapeutic gadgets; new generation of surgeons should be even more elated and get even closer to being GOD, shouldn't they?

I think most of you would agree with me that the situation in fact seems to be contrary. It is much more difficult to be a doctor and a surgeon nowadays. Surgical

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training programs all over the world are experiencing the same phenomenon, fewer people get into surgery (Figure 1). Brightest medical students previously competed to get into surgical career now enroll into something else. Surgeons of my generation speak of residency as one of the high points of their life. You do not hear residents or recent graduates speak this way of surgical training.

This year for the first time, top Thai medical schools barely made it, to fill-up the freshmen seat. I think we all sense that there is something wrong out there! Perhaps, candidate earns more in other professions with less time and effort invested. Perhaps, the lifestyles of physicians are too tough for generation X and Y. Is it because the medical profession lost its pride and respect of the public due to commercialization health care, or is it the sign of failure to adapt appropriately of the medical educational system as a whole?

Rapid biotechnology advancement brings about some collateral damages. For the science and technology are too vast to train everyone to do everything. To justify efficient utilization of new technologies and to ensure delivery of excellence in health care, every newly emerged technology demands a specific set of competency. Little by little, the main driving force behind the diversification of super-specialty reveals itself. But to put it straight, we are driven more to be the specialists of a technique rather than to be a better surgeon. The resulting risk is that we become technicians, while letting our abilities to manage surgical disease slip.

Of equal if not less intense force of change is the information explosion. Worse yet, information are now "pinched off" and "pushed into" individual by unknown hands. New medical knowledge grows exponentially to the point that knowledge broker is yet another specialty of its own. If we take a closer look, there is also a shift in the field of main interests in literature search, towards management and quality care. The breadth and depth of knowledge in medical sciences have outgrown our undergraduate and postgraduate medical curriculum. Doctors and patients are equally overwhelmed by too many choices available out there.

In a little more than a century of establishment of modern medicine, surgical education has undergone at least 4 phases of transformation. Now more than ever before, the medical education system has been under great pressure of change. Unlike the unique style different countries had in the past, which reflected that the force of changes was mainly brought about

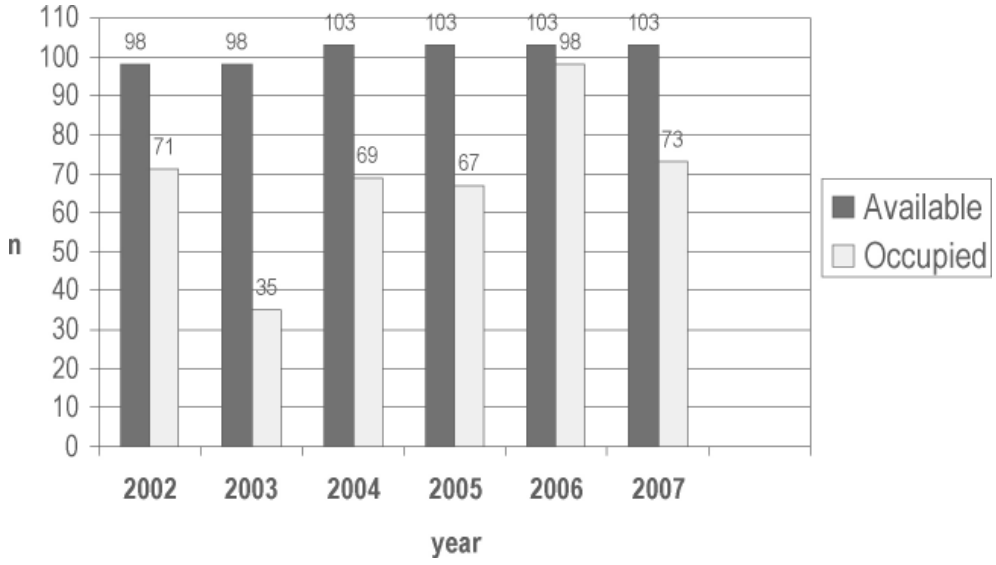

Figure 1 Despite nationwide shortage of manpower in general surgery, the need has never been filled up. General surgical residency training positions in Thailand, position available vs. occupied 2002-2007. The worst situation was in 2003 when the number of trainee reaches its nadir, at the same time the percentage leaving NHS and entering private practice reaches its peak. Source: Accreditation Committee for Graduate Surgical Education, the Royal College of Surgeons of Thailand 2007.

from inside the profession, modern medicine is more or less following the same pattern of change. Aren't we all under the same outside pressure of globalization?

The complexity of societal changes is at least as dynamic, if not more, as the technological advancement. Globalization forces every segment of society into the free market capitalism. In "free market" capitalism, "competition" is the name of the game and being "efficient" is the only way to survive. Cost cutting and minimizing operational expense brings about financial constraint in every activity in an organization. Financial constraint in patient care made it more vulnerable to crash on with the ethical value in practice.

Mentioning all these, I do not mean to say that merciless western free market capitalism is nothing but evil. In fact it is self-evidence that free market is enormously successful and is the main driving force of the advancement in virtually any field one can think of. In economist view, in a perfectly competitive free market, the right things are made in the right way, in the right proportion and to the right people. In the real world, the painful fact is that free market is the right place only for those who can afford it.

As mentioned by His Excellency Mr. Anand Panyarachun, our former Prime Minister in this Lecture a couple of years ago, what really happened is that the richer individuals can afford to bid away the scarce doctors' time and the attendant medical resources from the relatively poor (Figure 2). Shifting of physician from government sector into private sector, in what is known as "brain drain" obviously is the best known phenomenon. Study from the Ministry of Health clearly showed that the number of Brain-Drain followed closely with the rise and fall in economic profile of the country (Figure 3). This undoubtedly hurts the already crippled public welfare sector. The adoption of universal coverage in Thailand in 2001 is probably the most important factor that worsens the situation. A recent telephone survey by Dr. Rangsant Chaikitamneuchoke from Kamphang Pet Hospital showed that 25 provincial hospitals have only one, two or three general surgeons working day and night with the average of 140 work hours per week. There are a total of 53 general surgeons in these 25 hospitals covering the casement of 11.5 millions. Where have all the others been? How long can this un-sung heroes stand on their duties? Is our public welfare on the verge of collapse?

The medical profession is more than ever before, demoralized, confused and cynical. Globalization of the free market capitalism has transformed practice of medicine into medical industry, where the close doctor-

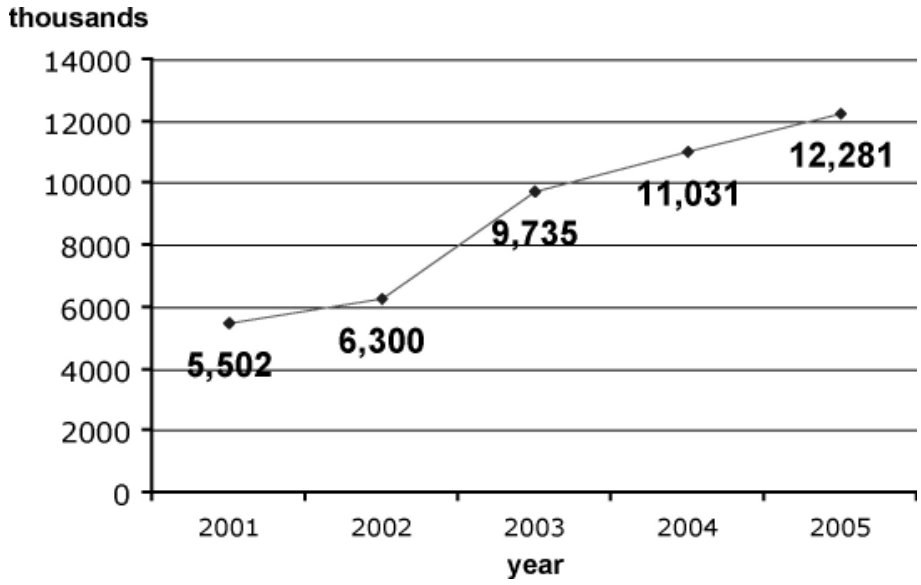

Figure 2 The richer individuals can afford to bid away the scarce doctors' time and the attendant medical resources from the relatively poor. Number of non-citizen using Thai health services. Providing services to foreigner brings in monetary profit to the nation, but what is the pay off for Thai citizens? Source: Chatri Banchuen, Dirctor of Medical Services, Ministry of Health. In "Symposium: Surgical workforce crisis" presented to the 90th Anniversary of Department of Surgery, Siriraj Hospital, 2007

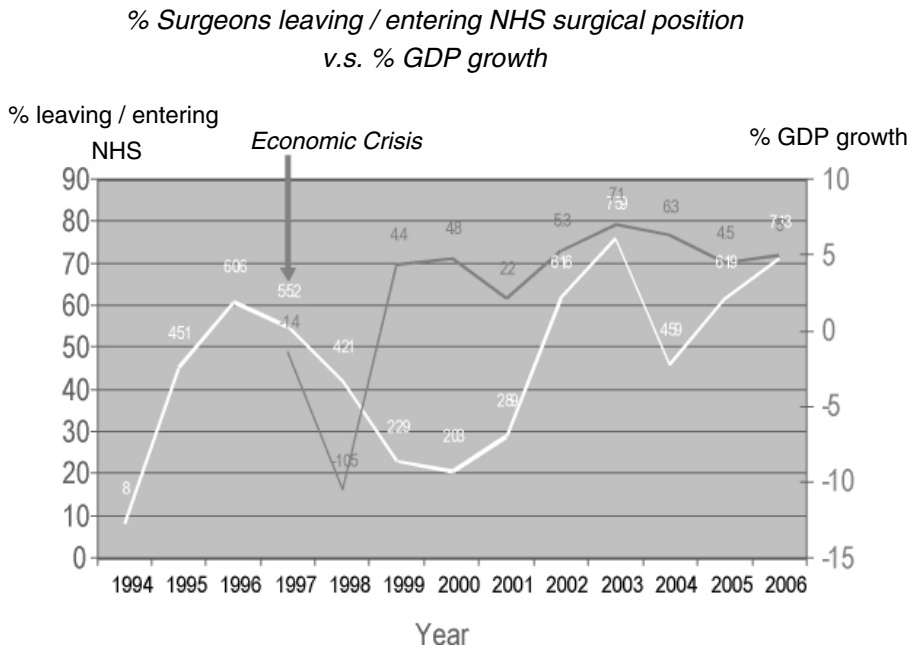

Figure 3 Shifting of physician from government sector into private sector in what is known as "brain drain" follows the rise and fall in economic profile of the country. Source: Chatri Banchuen, Dirctor of Medical Services, Ministry of Health. In "Symposium: Surgical workforce crisis" presented to the 90th Anniversary of the Department of Surgery, Siriraj Hospital, 2007 and Annual Report of the National Statistical Office: Gross Domestic Product 1997-2006, Office of the National Economic and Social Development Board, Office of the Prime Minister.

patient relationship of the old days has now been transformed into an assembly line. Surgeon spends less time for the patient and family. Tighter schedule loosens up the rapport. As we gain efficiency, we loose humanity touch. Risks of missing something important increase in every step along the line. Patients are now regarded as "customers", medical care as "goods or services in a shopping list" and hospital as "department stores" in which "satisfaction guarantee" is taken for granted.

Medical care is now more of a business deal than a "soul saver" doctor-patient relationship. If something goes wrong, it is more likely to be settled in court. Worse of all, in government public welfare facilities, underprivileged people were primed with the same expectation unrealistically painted by the politician and magnified by the media. The already overworked, underpaid and exhausted-surgical workforce which is bombarded with requests, complaints and law suits, will finally leave the profession behind if some remedies have not been implemented soon. The medical community needs to speak out loud the facts and figures and let the public appreciate the facts and accept the duty in their part.

Let the soaring number of complaints reaching the Medical Council Ethics Committee give you some hint of how serious the situation is developing (Figure 4) and these are without any doubt just the tip of the iceberg. The saddest thing is that a fair number of errors were rooted back to the inappropriate working condition of overworked and exhausted surgeons. And we are not immune to this. No matter how good one thinks one is, everyone in this room is at risk especially if we keep on following the footpath of the capitalist driven system. According to a study by Dr. Atul Gawande, from Harvard Medical School in 2003, statistics in USA suggested the strong likelihood that every surgeon will be named in a lawsuit during his or her career.

It is not justified for any of us to claim the right to be protected by this Royal College or the Medical Council without first sharing equal effort on our duty to shape up our own system of risk management and self-regulation. Ironically, if we care enough to look on the other side of the coin, patients' complaints and legal problems in fact have done some good to our profession. Apart from being a magic mirror telling us our flaws and wrinkles needed to be corrected, it also

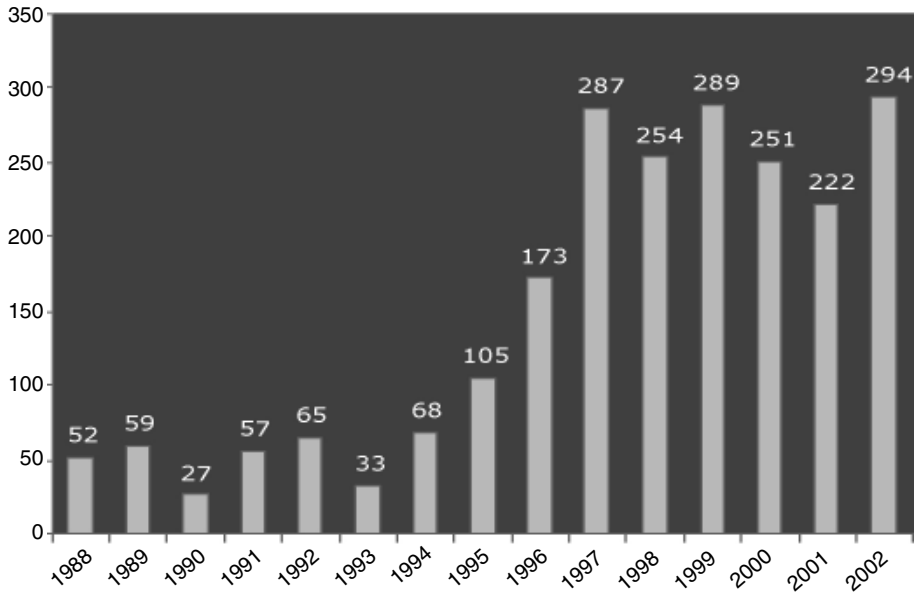

Figure 4 The soaring number of complaints reaching the Medical Council Ethics Committee hinting how serious the situation is developing. Number of complaints filed to the Medical Council Ethics Committee 1998-2002. Source: Thongdee Chaipanich, Director of the Office of the Royal College of Surgeons of Thailand.

counters the force of commercialization of medicine.

Efficiency in providing medical care is not a mere cost cutting game. Minimizing loss has to come hand in hand with eliminating risks. Hospital Accreditation is now moving toward quality, standards and risk reduction oriented management. I believe most of this audience - surgeons of course, are among the most troublesome clan in his or her hospital, resisting and rejecting any change. Like it or not, these changes are beyond the like or dislike of individual, for the medical practice nowadays is too sophisticated to be a solo practice. To be accepted by the patient or the third party payer, an institute and its members have to comply with the modern model of health care system, which has to be able to show that it is safe, effective, patient centered, timely, efficient and equitable. We must all become active participants in efforts to improve our health care system. And to be proactive to improve quality and safety, we need to take the leadership in developing more scientific knowledge that will lead to evidence based decision making and collaborative cares. There is not anymore, a place for a great but arrogant surgeon to stand in the future surgery.

For the making of future good surgeons, the evidence is growing that well-designed, formal training programs for development of skills and judgment can do better and will finally replace the conventional one. But that is not enough. This cannot be achieved without first establishing "system competency" for the responsible bodies. The Royal College and its members need to do their work in a more professional way, establishing a taskforce, putting on a roadmap, constructing framework for change and arming our members and members to be with the ever evolving state of the art "skill sets" and "competency" which include not only the art of surgery but also the art of surviving the ever changing world.

We need to define our mission and play an active role in improvement of the health care system. We should not simply be a copy cat but rather follow closely with what the others have achieved or failed before jumping into the same loop hole. Thailand is not rich and is still a developing country, so our health care system and the people as well must realize the value of "moderation", "reasonableness" and being " immune" to the unexpected changes. By "moderation", we can't afford overuse, underuse and misuse of resources. Looking at our national healthcare expenditure for example, spending on medication is way out of proportion (Figure 5). By "reasonableness", we need to fix the misdistribution of our resources. Even among well developed countries, there are hugh

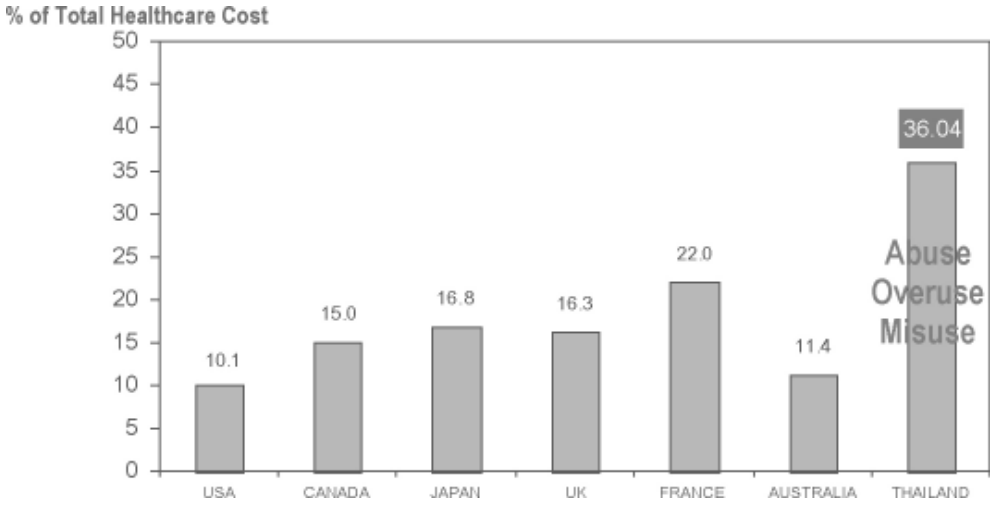

Figure 5 Did we spend appropriately? Thailand spending on medication is almost 40% of healthcare cost. Unreasonableness, overuses, abuse, misuse of resource not only directly hurt the public but also indirectly obstructed the needed development. Source: Sufficiency in medical care. Secretary General, the Thai National Health Security Office. 2007.

differences in the non-medical expenditure in healthcare, which we have to be selective to follow and need to adjust appropriately.

In closing, I would like to say that, we all live in a world of problems. No matter where you stand, it depends on you to determine if you want to be part of the problems or to be part of the solutions. There is no point to keep on whining and finger-pointing or blaming each other. Problems are here to be solved and I challenge everyone in this assembly to get involved.

So, get ready for the necessary competencies, but never let the pride and value of our profession slip away. After all, think about it, why do we choose to be a Surgeon anyway!

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