

Helsinki Inaugural

My dear friends and colleagues, I am very grateful to you for the honour you have bestowed upon me by allowing me to assume this prestigious post. In particular, my gratitude goes to my long-suffering wife, Premah, and my somewhat bemused children, Mira, Anila and Rohan. I would also like to mention Andrew Gurman and Leah Wapner, who helped to clarify my mind about seeking this post. The Presidents before me also helped me make this decision. I also thank the Malaysian Medical Association for their nomination and support.

What I say now represents my own views, but I believe many of you, my colleagues, will hear my words and recognise the problems I speak of, and perhaps agree with my sentiments.

The issues that face the profession are many and serious. For instance, antimicrobial resistance threatens to push us back to an age when the slightest scratch or sniffle might presage death. Climate change has begun to affect our health and may threaten the continued thriving of our species and many others. The security and future development of the health workforce faces challenges around the world. Non-communicable diseases are sweeping the world. The next pandemic is coming. You will be relieved to know that I have been given 10 minutes to talk, so I must set these topics aside for another time.

I would like instead to focus on another topic which I believe is fundamental to the entire practice of medicine – professional autonomy.

We have all heard of it, we all want it, we all have some restrictions preventing us from having full autonomy. To a greater or lesser extent, I believe most of us feel it is under threat. I agree with that assessment.

Before we can discuss it, we should define what we mean by it. Professional autonomy means primarily the freedom to make clinical decisions about the care of individual patients. This is what most of us think of when we mention autonomy, and in my opinion is the aspect most under threat. However, the right to have a voice in health policy development and healthcare system change is also a part of professional autonomy. These aspects are perhaps not under such threat.

The WMA Declaration of Seoul goes into great depth and detail about why autonomy is important, and I recommend that document to you if you get into an argument or discussion with administrators or insurers.

Professional autonomy developed and continues to exist because it serves the interests not of the profession but of the patients. We doctors wield this autonomy for the benefit of patients, and we stand in a fiduciary relationship to them, always considering what investigations, interventions and treatments are best for them, not for us and not for the healthcare authority or insurance company. If we let this autonomy be taken away or diminished, our patients will suffer – and eventually everyone will be a patient, so everyone will suffer. When you are sick, that extra profit you made your company, the bigger bonus you got, the political agenda you advanced will not help you when your doctor's hands are tied.

Why is autonomy threatened? A major reason is that it is becoming more and more expensive to treat patients. In part this is a result of the success of medical science. People live longer, so we have an increasing pool of sick elderly people who can be quite expensive to manage. Diseases that were impossible or difficult to treat even a few decades ago are now manageable if not curable. Unfortunately, though, these new treatments are often extremely expensive. Healthcare systems may end up paying more and more to treat fewer and fewer patients.

Financing these treatments will be difficult whether the government or private insurers do the paying. When governments are the payers, profit is not a consideration. However, issues of accessibility and rationing may arise, and again it is our responsibility to bring evidence to the table to help guide policymakers in making their decisions. We must also be alert for the intrusion of political agendas into healthcare.

When private enterprise pays for medical care, the situation can be complicated by the profit motive. This is not to disparage something that has helped build the world, but we should very carefully consider if profit seeking as seen in the commercial arena should be allowed free rein in medical situations. Nobody chooses to get sick. Patients have little choice but to take the treatments available. Allowing supply and demand to set prices seems unkind, even cruel, and may lead to some patients not getting the treatments they need. There must be guidelines, independent of purely financial considerations, to decide how patients are treated, and these guidelines must be drawn up by doctors. Additionally, flexibility to vary treatments and avenues for appeal must be built in and must be responsive. Ill health cannot wait for 5 to 7 working days.

Delivery of care has always involved teams of healthcare professional led by doctors. We have noticed movements towards removing or excluding doctors in some situations,

ostensibly to handle shortages of doctors, but more obviously to reduce costs. This is also an abridgement of our autonomy and must be resisted at all costs. Every team member is valuable, but a leaderless team is ineffective. The natural leaders in healthcare should be those who can look at the whole picture, and that generally means doctors. It is not in the best interests of patients individually or systems as a whole that doctors be removed from their leadership roles.

We have not yet lost our professional autonomy, but I believe the chains to bind us are being forged. They might be chains of gold, but they will bind us none the less, and our profession and our patients will suffer. We must be on the alert. Those seeking to bind us will do so covertly, under the benevolent guise of improving healthcare access. Let us always look deeply into any such moves, and let us always remain involved in policy and guideline development. It may be tedious and take us away from direct patient care, but in the long term it protects our patients, and that is what we have sworn to do.

Please note that I am not advocating *carte blanche* for doctors in everything. Our autonomy only applies to the management of patients, broadly construed. It must be based on agreed professional opinion. There may be varying opinions, but these must rest on sound scientific and ethical foundations. Doctors are entitled to their own opinions, of course, but where they differ significantly from the accepted professional view or views, this must be made clear, and it should be understood that the shield of professional autonomy no longer protects them in such a situation. Where maverick doctors use professional autonomy to advance non evidence based (or even anti evidence based) views, associations such as ours must be prepared to speak out and correct public perceptions. If we hesitate to do so, the public can rightly ask if it is our patients or our colleagues who are our priority.

I know I can count on every one of you, as associations and individuals, to do the right thing and lead the way to a better future for our patients, our communities and our profession. I look forward to working with you, in the next year and beyond.

Thank you again, and to our hosts, *kiitos*.