

## **Section 2: Healthcare & Society**

### **Synopsis by Associate Professor Dr CJ Ng**

When I was asked to write a synopsis for the essays by Dr Rajakumar, little did I realise that I was embarking on a momentous task that change my views about the practice of medicine. It took me more than six months before I began writing; one reason of my procrastination is my anxiety that this synopsis will not do justice to the excellent works of Dr Rajakumar.

I read these essays with the advantage of hindsight and knowledge of recent development in medical practice and social changes – but it strikes me that his writings, some dated back as early as 1983, are in every aspect as relevant and inspiring now as they were more than 20 years ago.

In the second section of this book, you will read a compilation of essays on the theme “Healthcare and Society” which covers wide-ranging topics beyond Family Medicine. These essays enlighten us on topical issues from ethics, professionalism, equity in healthcare to culture and politics. Dr Rajakumar examined these complex issues with depth and clarity; he studied them from the perspectives of the patients and their families; of the doctors and as the leader of the medical fraternity; and as the citizen of Malaysia and the World. The content in this section can be divided into four main categories: Medical Dilemmas, Ethics and Professionalism, Equity in Healthcare and “The World in One”.

#### **The Medical Dilemma – Faith and Reasons**

In the Dr Sun Yat Sen Oration in Hong Kong, Dr Rajakumar addressed a core issue in medicine – “the dilemma of reconciling faith (patients’ beliefs) and reason (the science of medicine)” in clinical practice. He recognized the failure of the medical profession “to satisfy the emotional dimensions of our patients’ dysfunctions” and called for the physicians to acquire “a very much deeper understanding of the complex roots of human behaviour”. He then walked the audience through the fascinating journey of evolution, arguing convincingly how human behaviour was shaped by biologic, cultural and ideologic input.

He proposed the idea of the physician as a “care-giver”, urging the medical profession to *“always put first the interests of men, women and children in its care, thereby earning their trust and confidence.....if they are to have faith in our reason, we must give them reason for their faith.”* Dr Rajakumar, while discussing about importance of “faith and reasons”, also outlined what a good doctor should be: *“The profession of healing needs a special temperament and character. It requires men and women of goodness, of culture and learning, who also possess experience with the lives of real people in the real world.”*

### **Ethics and Professionalism**

Medical ethics is the key subject in two essays in this collection: *Ethical Consequence of Technological Change* and *Ethics, Professionalism and the “Trade”*. Dr Rajakumar traversed the entire scope of ethical issues in medicine at the Singapore Medical Association Lecture, “from the ethical consequences of termination of foetal life to the maintenance of terminal life.” In these essays, Dr Rajakumar covered both the breadth and depth of the ethical issues. Abortions, contraception, cloning, assisted reproductive technologies, genetic screening, “right-to-die” and “living wills” were just some of the topics explored in the SMA Lecture. His insights to these issues go beyond the surface; for instance, in the discussion of the “right-to-die”, he argued that *“the patient with the legal right to die may change his mind each day, indeed by the hour depending on the degree of pain and discomfort, on mood and relations with those he or she loves.”*

Dr Rajakumar also empathized with doctors who struggle with ethical dilemmas: *“Have you ever heaved a sign of relief when a patient in renal failure died before the family could sell everything they owned, and got in debt to purchase a few weeks of dialysis time?”*

He not only highlighted the problems, he offered directions for the medical profession: *“The profession must provide leadership in discussing ethical issues. We should discuss these issues with dignity and defend our ethical positions with passion and when the community sees that we stand up for values, and not only for personal advancement then they will be with us.”*

On the issue of managed care, Dr Rajakumar warned us of the threat of turning the medical profession into a trade. *“Remember that if we behave like ‘trades*

*people*, the community will treat us as ‘trades people’”. He reiterated the important role of the Ministry of Health hospitals, and that they should set “the standards of excellence for the private sector.” However, he was saddened by the lack of commitment of this country to “pay government doctors enough to retain them so as to provide a decent level of services to the majority of the people of this country.”

### **Equity in Healthcare**

*“Their voices are not heard, so we have to speak up on their behalf.”* – this was exactly what Dr Rajakumar did on behalf of the poor and the marginalised at two international conferences: WONCA World Conference on Rural Health (Melbourne, 2002) and WONCA Asia Pacific Regional Conference (Beijing, 2003).

At Melbourne, he argued strongly that *“rural doctors and health centres in wealthier countries (should) put out their hands to work with rural doctors in poor countries to help impoverished communities.”* He spoke of the “diverse worlds of rural health” – one which aimed for better quality of life and longevity while the other, subsistence and survival – and the indifference of the rich countries in helping the poor. With the United Nations and World Health Organisation as allies, the political climate is beginning to change in favour of the task of eliminating poverty.

He challenged the medical profession *“to demonstrate to the world that our tradition extends beyond our consulting room”* and *“in giving a bit of ourselves to help a stranger in a faraway land, we bear testimony to our humanity, we save ourselves.”*

In the midst of the SARS epidemic in 2003, Dr Rajakumar visited Beijing and delivered a passionate plenary lecture on *Achieving Equity Through a Primary Care-led Health System*. He was critical of the global trend of healthcare delivery, which has “drifted into an inefficient and inequitable, commercialized and profit-driven, urban hospital-based system”. He, therefore, argued for a primary-care led health care that “is driven by the needs and preferences of the local community” and emphasized “cost-effectiveness, not merely cheapness.” He went one step further to suggest that “tertiary care has to develop in response to the ‘push’ of primary care for services that it needs, not to invent and drive demand.” Primary

care physicians, nurses, public health doctors, therefore, should become allies and push for this agenda. He lobbied for “friends in other countries...to help in seminal experiments to achieve equity in health in the poorer countries of the world.”

**“The World in One”**

Dr Rajakumar’s hope for Malaysia and the World was expressed in the essay *Looking Back, Looking Forward* written on the millennium year. “*We are a nation of nations, and we are discovering our shared destiny as one people*” set the stage for his vision of Malaysia: “*to become a nation of culture, education and skills.*” He felt that there was a need for “*plurality of options in public life, the emergence of civic activity across ethnic lines, and freeing of the energy and intellect of our people.*” His concluding thought was a sombre one: “*... we really need a better quality of people in public life, but sadly, that is a dilemma that we share with the rest of the world.*”

Dr Rajakumar’s essays are more than just academic endeavours; the quotations in this synopsis only reflect but a fraction of his wisdom. I urge you to read and re-read these essays; your faith in medicine will be strengthened, as is our hope for the country and the world.

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