23rd Gordon Arthur Ransome Oration

21 July 2017

Law and Medicine: Professions of Honour, Service and Excellence

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Abstract

Amidst dramatic global change, there is a greater need than ever for principled and committed professionals. The sibling professions of law and medicine, in particular, serve crucial functions in contemporary society. To meet the challenges of the future, members of both professions must appreciate and commit to their shared calling to public service, and ensure that it is not overridden by the profit motive. Three further commitments follow from this: first, to nurture and mentor new entrants to the professions to ensure the continuance of that mission of public service; second, to improve accessibility and affordability through pro bono work and by other means, so that all who need professional assistance can receive it; and, thirdly, to serve with excellence in ethics as well as competence, so as not to betray the trust of the laypersons who rely on professionals to safeguard their interests and welfare. The medical and legal professions have much to learn and gain from working with each other toward those shared goals.

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Prologue

1. It is with a profound sense of humility that I take the rostrum to deliver the 23rd Gordon Arthur Ransome Oration. Professor Ransome was a revered teacher of medicine and a physician with an almost legendary ability to arrive at an accurate diagnosis using essentially his senses and the basic laboratory tests that were available in his time. When the Academy of Medicine accorded me the great honour of delivering the Oration that is named after him, I was inspired to speak about what defines us as professionals because, it seemed to me, Professor Ransome epitomised those qualities of honour, service and excellence, which I shall elaborate on momentarily.

2. However, before I do that, let me say how grateful I am to the Academy. I had no hesitation at all in accepting the Master’s kind invitation to deliver the Oration. He then told me that the Academy also wished to confer on me its Honorary Fellowship. I identify closely with the Academy’s mission of promoting postgraduate medical education and maintaining the highest standards of professional competence and ethical integrity. To be conferred the Honorary
Fellowship is therefore an immense honour and I thank you so very much for this.

3 I would also like, if I may, to take a moment to thank my very dear friend, Professor John Wong, for the exceedingly generous citation which he has prepared and presented. John and I have known each other in several different capacities over the years; among other things, I have been his lawyer and he has been my physician. But beyond this, we have come to enjoy a warm personal friendship, which I treasure. If he has one flaw, it is that he is overly generous in his assessment of this friend, at least. Thank you so much, John.

4 So, what defines us as professionals?

5 In 1953, the great American legal scholar Roscoe Pound defined a profession as “a group of men pursuing a learned art … in the spirit of public service.”¹ Save that the professions today are equally made up of men and women, Pound’s emphasis on learning and on the spirit of public service remains fundamentally valid at least in a prescriptive sense, even though the world has witnessed untold change in the intervening sixty-odd years. Indeed, amidst all this change, there is perhaps a greater need than ever for professionals who are devoted to the pursuit of excellence through learning and who are willing to apply
the fruits of their labours to the good of their societies. But is the reality veering away from this?

6 In the next 35 minutes or so, I will outline some of the challenges and responsibilities which confront two of the professions today – yours and mine. I will begin with an overview of how the concept of the profession developed and what that history implies. I will then briefly touch on the challenges we face today and discuss three specific aspects of professional practice which, in my view, are of pressing concern if we are to retain our focus on honour, service and excellence.

**The concept and origin of the professions**

7 The concept of a professional is one that has evolved over time. It is not as if a divine hand set out the complete theoretical and ethical underpinnings of a profession, which professionals then stepped forward to take up. Rather, our notions of what it means to be a professional were formed by working backwards from the realities of our practices.

8 In England – the country which has most shaped the modern idea of the professions – the Church once presided over them.\(^2\) In fact, divinity, medicine
and law were the original professions, though over time, this came to encompass as well, architecture, accountancy, and engineering, among others.

9 Before the 19th century, professional standards were somewhat lax. The transmission of professional knowledge depended mainly on apprenticeship; and the testing conducted by the gatekeeper institutions was not strict. The historian W J Reader spoke of entry into the legal profession in these blunt, if unflattering, terms: “At the Inns of Court … there was no pretence of examining intending barristers. The call [to the Bar] depended on eating the right number of dinners and paying the right fees.”

10 As far as self-regulation was concerned, there was less attention given to the ethical problems that deeply concern us today, such as conflicts of interest or inadequate disclosure. Ethical problems were not often brought to light unless they rose almost to the level of criminality. And even then, breaches were not always punished with the strictness we would expect today.

11 This began to change in the 19th century, as the professions entered a period of rapid expansion and development, coinciding with the modernisation of England’s economy. The Inns of Court came under mounting pressure to raise educational and professional standards and the legal profession introduced
compulsory examinations and created new institutions to oversee standards. At around this time, other professional bodies – such as the British Medical Association, the Royal Institute of British Architects, and the Institute of Chartered Accountants – were established, and the professions on the whole embarked, with invigorated interest, on the task of setting out appropriate standards of competence and ethical behaviour.

12 We, in Singapore, have inherited and built on that legacy through legislation as well as codes and practice directions crafted, for instance, by the Singapore Medical Council (SMC) and the Law Society of Singapore. But what I would like to emphasise from that history, encouraging though it might be, is the contingent and fragile nature of professional standards. While there will always be lawyers and doctors, it should not be taken for granted that our professions will always maintain standards making them deserving of that standing. In an era of unprecedented change, it is perhaps more important than ever that we not lose sight of our deeper mission to serve with honour and excellence.

13 What, then, lies at the heart of that mission? Professor Pound’s short definition of a profession was a group of persons pursuing a learned art in the spirit of public service. A more detailed definition was offered by Francis Bennion,
an eminent scholar and barrister. Bennion identified six characteristics of a profession:

(a) An intellectual basis: A profession has to have, at its core, a theoretical or academic discipline;

(b) A foundation in private practice: The practice of law and medicine can take many forms, not all of which involve private practice. Indeed, institutional practice is perhaps the more prominent form of practice in the medical profession today. Nonetheless, the paradigm in both our professions remains the private practitioner on whom members of the public rely for help and who, in turn, must rely on them to earn his keep. The bond created in this relationship gives rise to a special duty owed by the professional to care for the interests of those she serves. For those of us in the public sector, this same dynamic plays out in our duty to serve the interests and needs of our community, even if we do not, strictly speaking, have clients. Our paramount duty might be seen as being owed to the institutions we serve and, in turn, the people for whose benefit those institutions exist;
(c) **An advisory function:** This may and often will be combined with an executive function (such as treatment or litigation) but the advisory function is key. It means that laypersons *rely on our opinions and our judgments*, which in turn are shaped by our learning;

(d) **A tradition of service:** This implies that benefit to the community is key, and that material reward is neither the *sole* nor even the *primary* aim of practice;

(e) **A representative institute** capable of regulating the profession; and

(f) **A codified system of ethics** to guide the conduct of its members.

14 Although these characteristics set a profession *apart* from an occupation or trade, they should not be seen as setting it *above* an occupation or trade. A profession is different, not necessarily better.⁹ The greatest difference lies in the tension that inheres in the interaction between the fourth characteristic (a spirit
of public service) and the second (a foundation in private practice). A tradesman faces no such difficulty. The goal of the tradesman, in oversimplified terms, is to sell as much product at as high a price as the market will bear. Provided he does nothing illegal, it is generally right and good for the functioning of society that he pursues that aim wholeheartedly. But there is no necessary connection between a tradesman’s moral ideals and his trade.

15 It is not the same for a professional. One’s fitness as a professional is inextricably linked to the ethical imperatives to which one is bound. For lawyers, we swear an oath upon admission to the Bar. My predecessor, Chan Sek Keong CJ, summarised this as being “to serve the law and justice first and always, by serving all manner of people who may need the law and justice.”10 Similarly, the physician’s pledge binds the new doctor to a number of public-spirited commitments, including “to dedicate my life to the service of humanity” and “to make the health of my patient my first consideration”.11 At the same time, it cannot be denied that for a professional, her profession is also the means by which she earns a living – in many cases, a good living.

16 So, do we eat to live, or live to eat? Or in more specific terms, are fees the means to comfortably sustain an honourable, service-oriented practice, or are we practising in order to earn more fees? In the light of our solemn oaths, the
answer must be the former. Professor Pound observed in this context that for a professional, “Pursuit of the learned art in the spirit of a public service is the primary purpose. Gaining a livelihood is incidental, whereas in a business or trade it is the entire purpose.”¹² In other words, the purpose of earning money is to allow one’s service to continue, and not the other way around.

That ideal is easier spoken than practised. For most of us, it is an understanding that we accept and grow into over time, rather than one which comes spontaneously. This is perhaps unsurprising given the heavy intellectual, mental, and physical demands which our professions place on us. But I suggest that it is essential that we actively reflect on what we must do to ensure that our professions remain true to those ideals. Your profession is concerned with the frailty of the human body or mind; and mine, in some senses at least, with the frailty of the human character. Health and justice are ideals that are central to the human condition; and doctors and lawyers are engaged in the front lines of our efforts to safeguard and promote them. I have spoken of the pledge we take upon admission to our respective professions. These are expressions of a high calling and unless we see these as empty words that sound nice for a solemn occasion, we must do what we can to ensure that we are true to them.
18 But herein lies the challenge. Our calling to practice our arts in a spirit of public service pulls in the contrary direction to the currents that seem to define the present age. We live in a time that is characterised by unprecedented wealth for some, which brings with it considerable inequality. In that light, the professional’s commitment to learning, excellence and public service can seem strangely out of touch with the realities that surround her. Add to this a heightened sense of personal autonomy, self-interest and entitlement that comes with a reduced emphasis on communitarianism and societal interests and the difficulties are seemingly exacerbated. But it would be wrong to conclude on this basis that we should therefore reimagine our understanding of our calling as professionals. Indeed, if anything, the growing sense of inequality brings into focus the even greater need for professionals who are committed to working for the common good.

19 How then are we to meet this? In the time that remains, I want to touch on three points that we might give careful consideration to.

**Improving the induction process for new professionals**

20 My first point concerns new entrants to our professions. I believe it is vital to the continuing health of both our professions that we do not leave the development of our younger colleagues to chance. We, in the senior ranks of our
professions, have presumably assimilated the core values I have spoken of to the greatest extent. We therefore have a duty to set the tone and standards that are faithful to our foundational ideals, and a responsibility to ensure that this is passed on to our successors. It falls on us to ensure that they are being properly prepared for a life of honour, service, and excellence, rather than one that focuses on profit maximisation. Let me outline some of the challenges which we, in law, have encountered in this context, and how we hope to meet them in the coming years.

21 Many among you will have read about the present oversupply of new lawyers. This is a matter of concern because, aside from the stress and hardship this will cause to unsuccessful job-seekers, it also raises some questions over what accounts for the rising number of young aspiring lawyers.

22 Within the last five years, the number of new entrants to the profession per year has roughly doubled. There are signs that this may be changing, but for now, the supply remains well above what it was in years past. It would be comforting to attribute this to our young people becoming increasingly eager to serve justice and the public good. Unfortunately, anecdotal evidence suggests otherwise. Some students, it seems, view a law degree primarily as an investment, rather than as a gateway to a calling. They wish to become lawyers
to make a good living, please their parents, and gain the respect of their peers. These concerns are only human and there is no point denying them – professionals need not pretend to be saints. But if the young professional enters practice with these considerations foremost in mind, without an even stronger appreciation for the ultimate purpose of public service, then we should be concerned.

23 The solution, as I see it, has three parts, and cutting across all of them is the irreplaceable role of mentorship and fellowship in maintaining the health of any profession. Earlier, I alluded to what might seem to be a bit of trivia: that entry to the English Bar once depended, in part, on eating a certain number of dinners in the Inn of Court which the aspiring barrister wished to join. In fact, this rested on a foundation of good sense. Dinner at the Inns of Court was not merely a meal. It was an opportunity to be in the company of one’s elders in the profession, to partake of their culture, and to imbibe their values. In that sense, it was a social counterpart to the professional apprenticeship in that both helped the newcomer understand the fellowship he was entering and the kind of person he should aspire to be. Despite the many changes that have come to pass, there is simply no substitute for human connections and mentorship when it comes to the transmission of values.
24 Turning then to the three-part solution, the first is that more should be done to educate students about what joining the legal profession really entails before they choose to enter law school. To that end, one worthy initiative is the Singapore Academy of Law’s Junior College Law Programme, which gives junior college students the opportunity to listen to and speak with members of the profession at varying levels of seniority. This is followed by visits to the courts and a brief attachment at law firms. The programme is now in its 9th edition, and I am gratified by its emphasis on the importance of public service and presenting a career in the law as a vocation more than an occupation. Perhaps more could be done to expose aspiring lawyers to the real needs of those who seek justice, in family service centres, in the helpdesks of the courts or even in the prisons.

25 Second, our universities do a fine job of teaching students what the law is. What they might also consider giving more attention to is teaching students what the law is ultimately for. I refer here to inculcating a sensitivity to the impact which concern for the public good has on every aspect of the substantive law. Imagine teaching criminal law in a way which brings home the human consequences of crime and punishment on both victim and accused; or the law of torts in a way which explains how it serves as a tool to further the overall good of society; and so on. Outside of the classroom, imagine if there was even greater emphasis on participation in access to justice initiatives. In such a world, law graduates might
enter practice with a better sense of their professional identity and calling. And for those who then realise that they are not suited to that identity and calling, there is no shame in putting the knowledge and analytical skills they have acquired in the law to equally productive uses outside it.

26 Third, the structure of the traineeship period needs to be reassessed. This is too large a topic for today’s speech, and indeed a special Committee led by one of my senior colleagues is in the process of studying the problems and identifying possible solutions. Suffice it to say that many of the recommendations are likely to concern the content and method of the training given to new entrants. The period of traineeship should solidify the trainee’s somewhat tentative notions into a firm understanding, not only of the tools of lawyering, but also of the higher purpose for which those tools are to be employed. Of course, this process cannot end with traineeship, but must continue into practice. From the complaints of young lawyers, one recurrent theme is a degree of alienation which is felt as a result of the scarcity of opportunities for young lawyers to practice their skills of legal argument and even to interact meaningfully with the court or with clients. Without that tangible sense of assisting the court, and of helping one’s clients with their problems, it is understandable that some young lawyers feel that their role is merely to assist their seniors with research and administration. In such
circumstances, the ideal of service withers away in the young lawyer’s mind before it has been felt and incorporated into her self-image and identity.

27 The medical profession, too, faces similar challenges. Associate Professor Chin Jing Jih, a former President of the Singapore Medical Association (SMA) Council, explored some of these in a 2013 article.\(^\text{14}\) He observed that in addition to the perennial challenges of stress and crushing hours, the younger generation of doctors also faced the onslaught of rapid technological change, an expanding domain of what is considered core knowledge, and the need to choose a specialisation at what many felt was too early a stage in their careers.\(^\text{15}\) Professor Chin too expressed concern that young doctors risked becoming cynical and pessimistic about their professional calling if they were not given appropriate mentorship and support.\(^\text{16}\) Other challenges include the perception among some junior doctors that their views are unappreciated and their on-the-job learning is under-prioritised,\(^\text{17}\) as well as the increasing need, in dealing with patients, for advanced communication skills which the universities do not especially select or prepare medical students for.\(^\text{18}\)

28 The specific challenges that our professions face may vary, but the constant in both is the critical need to mentor our young colleagues and a willingness to examine and improve their conditions of training. If we do not meet this need, we
risk losing them altogether; and those who remain are less likely to absorb and retain the ideals that define our professions. Each of us has a role to play in this, because each of us is bound not only to abide by the vision we swore to uphold, but to ensure that it outlasts us.

**Increasing accessibility to professional services**

29 I turn to my second point. Beyond educating our younger colleagues, we must ask how our spirit of service can effectively translate into tangible action. As I have said on other occasions, having the best justice, or for that matter, healthcare system in the world would be pointless if our fellow citizens could not afford to access it.

30 The most prominent way in which lawyers help make legal services accessible is to volunteer to do work *pro bono publico* – literally, for the public good. This is an area where the involvement of young professionals is especially worthwhile because it helps solidify their sense of their calling to serve the common good. Today, much of the legal fraternity recognises the value and importance of *pro bono* work, but the journey is not over. I shall touch on a few key milestones, which were highlighted as well in the Speech of the President of the Law Society, Mr Gregory Vijayendran, at the Opening of this Legal Year. I note in passing that Mr Vijayendran has long been one of Singapore’s most
passionate advocates for the *pro bono* cause, and his election was an encouraging sign of our profession’s continuing commitment to it.

31 As Mr Vijayendran noted, the first major development originating from within the profession was the creation, in 1985, of the Law Society’s Criminal Legal Aid Scheme (CLAS), which provides free legal representation to persons facing certain criminal charges, provided they satisfy a means and a merits test. This complemented the existing Legal Aid Bureau scheme created by the Government in 1958, which ensures that legal services are extended in the context of certain civil and family cases – again, subject to a means and a merits test. Further refinements to CLAS have been made since then, including the establishment of the Law Society’s Pro Bono Services Office in 2007, to manage CLAS, as well as other access to justice programmes such as legal clinics and community outreach.

32 Another highly significant addition to CLAS was the introduction of the CLAS Fellowship scheme in 2015. Funded by the generous support of five of the largest private firms, the Fellowship pays for a small number of young lawyers to work full-time on CLAS cases for a term of between 6 and 12 months. This serves a dual purpose of creating a core group of lawyers to deal with the great volume of work which the CLAS scheme covers, and also of giving young lawyers a
priceless opportunity to immerse themselves in meaningful criminal practice while benefitting from the mentorship of senior lawyers associated with CLAS.

33 Today, there is also an emerging recognition that there need not be a bright line between *pro bono* work and work for profit. As firms leverage on technological advances to reduce their overheads, the savings can be put towards rendering more affordable legal services to persons of modest means. This is referred to as the “low bono” model, and it often has features such as a fee scale based on the client’s disposable income. This is in keeping with Professor Pound’s vision of the professional as a person for whom profit is subordinate to service, and it presents a sustainable model for lawyers to serve those who happen to exceed the threshold allowed under the means tests used by the aid schemes but yet face financial difficulties.

34 This leads me to what might seem to be an elephant in this room, which is the common perception that the legal profession is more actively involved in *pro bono* work than the medical profession. Professor Chin, in a 2014 article, noted that perception, but he debunked it, pointing to the commendable work done by doctors who voluntarily discount or waive their fees for needy patients on an *ad hoc* basis, as well as by doctors who serve on humanitarian missions overseas or in voluntary welfare organisations at home.\(^{19}\) He also suggested that the
reason behind the misperception “could be … the [medical] profession’s lack of a centrally organised pro bono programme that is as structured and visible as that of our legal counterparts.”

35 The picture that emerges of the medical profession’s pro bono endeavours is an impressive one. But perhaps to build on this, some degree of centralisation might help normalise pro bono work in the minds of a new generation of professionals. Official initiatives by professional bodies may not always be necessary to get the job done, but they can serve a valuable signalling function by presenting the profession’s united front toward its mission of public service.

36 Additionally, I believe there is room for our professions to collaborate further in joint efforts for the public good. In my former capacity as the Attorney-General, I sought the help of the Singapore Psychiatric Association (SPA) to marshal expert witness services in criminal cases on a pro bono basis. The Law Society and the SPA have continued this venture with the generous support of forensic psychiatrists in both the public and private sectors. As a result, many more accused persons have access to the expertise of psychiatrists and this has led to a sharper focus on key psychiatric issues in the prosecution and defence of criminal cases. More recently, in civil litigation, I invited the SMC to help identify senior doctors who would be willing to act as assessors and assist Judges in
medical cases, even though the stipend would not meaningfully cover the time they would have to expend on this. If such support is forthcoming, it will make a valuable contribution to the endeavour to reimagine our paradigm for medical litigation. No doubt there are other, as-yet unexplored opportunities for our professions to do more good together than we could do alone.

37 Finally, concerns regarding pricing and accessibility of services are not exclusive to lower-income patients and clients. Even with those of means, a professional must resist the temptation of opportunistic billing. As Prime Minister Lee Hsien Loong noted in a speech delivered to the members of the SMA in 2009, one particular concern has been the over-prescription of costly medication and other treatments. This can also take other forms such as choosing to prescribe more expensive medications or diagnostic measures when the therapeutic indications do not warrant this, but where the physician has a financial interest because he also sells the medication or owns the equipment. The equivalent in the legal profession would be incurring costs on court applications or other legal work which the lawyer has reason to think will be redundant or ineffective. The problem arises in these situations because the professionals are conflicted by their financial interest, while clients or patients are ill-equipped to assess whether the expense is justified. This information asymmetry presents the professionals with a particular temptation – but one we
are clearly honour-bound to decline. This is yet another aspect of our practice where our professional duties set us apart from a trade, where the general rule is buyer beware. This cannot be our approach and if we forget this, we not only risk incurring disciplinary or legal sanctions personally, but also weaken the core of our professional identity and bring dishonour to our profession.

**Maintaining an appropriate quality of service**

38 This brings me to the final point I wish to touch on today: once someone has obtained access to our services, what do the core values and principles that underlie our professions tell us about how we should render these services? The answer to this flows from the practical realities that affect our two professions and here, too, we have much in common.

39 As I earlier mentioned, medicine and law are sibling professions with an especially pronounced family resemblance. The first notable similarity is that they both exist to serve universal human needs. Every society needs laws, just as every human body needs care.

40 Second, both professions tend to serve members of the public when they are at their most vulnerable. Laypersons generally do not choose when they will need the services of a doctor or a lawyer. Sickness and lawsuits often come
unexpectedly, forcing the afflicted to suddenly confront problems within alien and threatening domains.

41 Third, both professions apply a body of knowledge which is not only esoteric, but also infused with inherent uncertainty. One notes that Professor Pound referred to the practice of a learned art as opposed to a science. A physician of course relies on medical science, but at the same time, he must act and advise even in situations where the science is disputed and uncertain. The physician’s imperfect knowledge has to be supplemented with experience and judgment; that is where the art of the profession comes in. Similarly, the law is complex and evolving, making full certainty in legal outcomes equally elusive. There is truth in the old joke that lawyers have the same answer to every question, and that answer is: “It depends.” The upshot is that a patient or client relies not only on the doctor’s or lawyer’s store of knowledge, but also on their individual judgments with which other members of their professions might reasonably disagree.

42 The confluence of these features, with their emphasis on the importance of our work to those we serve, their vulnerability, and their reliance on our judgment, returns us to the values and principles on which our calling rests in order to guide us in our conduct. A profession’s values are its vision of the moral qualities it
wishes its members to embody. The central professional value is, as I earlier suggested, a spirit of public service. It is supported by other values, such as compassion, learning and excellence. *Principles* on the other hand are guidelines capable of application to diverse situations.

43 Most theories of medical ethics recognise four core principles, which are reflected in the 2016 edition of the SMC’s Ethical Code and Ethical Guidelines and are described in the SMC’s 2016 Handbook on Medical Ethics as "the foundation of medical ethics".

44 The first is patient autonomy. This means respecting the right of the patient to choose, even (with some exceptions) when the choice seems, or is, unwise. As a corollary, this also requires a physician to supply the patient with the knowledge needed for that choice to be meaningfully exercised.

45 The second and third principles are beneficence and non-maleficence. These require a physician to seek to maximise the good of his patients and to avoid or minimise harm.

46 The fourth principle is justice. This requires a physician to consider the effects of a particular course of action on the wider rights and interests of others.
Thus, in expending resources on one patient, a doctor must also consider the needs of other patients drawing on that same pool of resources. Perhaps the most practical example of this principle is the familiar concept of triage.

These principles respond to different aspects of the practical realities I earlier described. The principle of patient autonomy arises from the vulnerability of laypersons and the imbalance inherent in the relationship; it attempts to ameliorate that imbalance by returning some authority to the patient. The other principles spring from the nature of the medical profession as one of public service, existing for the betterment of human wellbeing.

Analogous principles are shared by the legal profession. Lawyers must do what is best for their clients, but this is subject to the limits of ethics and legality, as well as their clients’ rights ultimately to decide what their own aims are and how they should be pursued. A lawyer is not a hired gun, and must not advance the client’s interests in a manner which improperly compromises the interests of others, including adverse parties. For instance, one must not advise a client to withhold a document which one knows the other side is entitled to. And in the family context, a family lawyer must remind the client of the importance of the children’s welfare and the consequent desirability of reaching an amicable settlement wherever possible, even if the client’s own inclination is to fight every
issue tooth and nail. Finally, lawyers also owe their ultimate duty to the court because they are officers of the court, tasked with assisting it to arrive at a just decision.

49 These various principles all tie back to the fundamental purpose of a profession, which is to serve the public good. The principles operate primarily in our interactions with a specific client or patient because it is through helping individuals that we help the community. It follows that a professional who fails to properly serve an individual is not only letting that person down, but also failing to live up to the calling to serve the public good.

50 This responsibility to serve the public good is one we all take on by virtue of our oaths, and it follows us in all aspects of our practice. Abdication of that responsibility occurs not only in cases of dishonesty, but also whenever one compromises the interests of a client or patient through selfishness, indolence, or incompetence. In exercising our disciplinary function, the courts have consistently taken a serious view of such breaches. This is so because the standard applicable to a professional’s conduct is one of excellence within the limits of what is possible given the professional’s individual capabilities and available resources. This calls for a commitment to the mastery of one’s learned art, in both its intellectual and practical aspects. As the great judge Lord Macmillan put it, “The professional … finds his
highest rewards in his sense of mastery of his subject, in the absorbing interest of the pursuit of knowledge for its own sake, and in the contribution which, by reason of his attainments, he can make to the promotion of the general welfare” (emphasis added in bold italics). A professional who is unwilling to master the art, and to practice it excellently, abdicates her professional calling. Such a professional must reassess her suitability to practice – or the profession’s disciplinary organs must do so. Our collective duty to serve the community, and to protect its members from the ills of incompetent practice, requires no less, and although disciplining our fellow professionals is an unpleasant duty, it is an integral part of the commitment we take on as members of honourable professions.

**Conclusion**

51 I have attempted to set out what I think it means to be a professional in today’s context having regard to some of the challenges we face. It is a great honour and a privilege to be a member of a noble profession; and despite our challenging circumstances, we must fight to ensure that it remains so. This has implications for us in at least three aspects: a duty to nurture and prepare the next generation of our professions; a duty to ensure that our services are accessible to those who need them; and a duty to ensure that our services are rendered to the appropriate standard of excellence.
Let me conclude by inviting you to consider the title of my address – specifically, the phrase “Professions of Honour, Service, and Excellence” – from a different angle. I have spent some time looking at the technical definition of the word “profession”; but the word also carries another meaning: that of a conviction declared or affirmed, like a profession of love. Our profession is a part of our identity, and it is also something we declare in our practice, most notably in our oaths. But it cannot stop there, as just something that we say; rather, it must define us throughout our lives, in our words and actions. To profess honour, service and excellence is to invite the public to hold us to expectations beyond those of mere decency and formal legality. If we take our oaths seriously, then these cannot just be empty professions. To this end, we in the medical and legal communities have much to learn from each other, and I believe much to gain from working together. Thank you once again for honouring me in this way.

4 For a flavour of the sorts of proceedings which were commonly brought, see the survey of the disciplinary proceedings against barristers during this period, heard by the Benchers of the Middle Temple (one of the four Inns of Court), in Woolley D. The Inn as a Disciplinary Body. In: Havery RO, editor. History of the Middle Temple. Oxford: Hart Publishing; 2012: pp. 337–372.
5 In one instance, a barrister who had conducted himself most improperly and apparently dishonestly was not disbarred or otherwise punished, despite the benchers condemning his actions in strong terms: Woolley D.
11 Medical Registration Regulations 2010 (S 733/2010), Schedule 2.
12 Along similar lines, Bennion writes that “the motive of making money is subordinated to serving the client in a manner not inconsistent with the public good”: Bennion FAR. Professional Ethics. London: Charles Knight; 1969: p 15.
23 See, for example, the Singapore Medical Council’s Ethical Code and Ethical Guidelines 2016: p. 14, Rule 3(c)(iii).
24 Additionally, at the systemic level, those with a hand in shaping healthcare policy must carefully consider how the state’s limited resources should be allocated to meet the ever-increasing needs of the community. For an accessible primer on the difficult ethical and policy issues that arise in this area, see Campbell A, Gillett G, Jones G. Medical Ethics. 4th ed. Oxford: Oxford University Press; 2006: ch 16.