Reflections
on Pay and Money

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The announcement of the government on pay increase of nurses, doctors, ministers and the subsequent debate on the meaning of pay and indirectly, money as an icon in the newspapers and news occupies the second half of June and first half of July. I must say that the debate is both interesting and educational on how people perceive the two. The following are reflections on my part in relation to doctors' pay and money as an icon.

PAY RISE IS WELCOMED

The government doctors' pay is welcomed by the medical profession particularly, because it gave the medical officers a larger percentage in the increase. This recognises the contribution of the younger doctors to the functioning of the government health service.

A PACKAGE

Those interviewed by the media, including myself, also commented that pay is only one consideration for a doctor in choosing to remain in the public sector. The total package needs to be considered. This applies to old and young doctors.

The unhappiness factor appears to be important, at least to some. Doctors whose work go unrecognised will not feel the reason to want to stay. Opportunities for training for younger doctors and career development for young senior registrars, consultants are also important.

One other consideration is the other needs of doctors in government service, particularly those who choose to make a career in government service. They would not have as much assets to take care of family needs. The ability for the package to include the welfare of children and family will be attractive. This payment in kind may be more valuable than just money.

FACULTY PRACTICE?

What about "faculty practice"? This is a term to mean some sessions of private practice for public sector doctors. It is attractive but it is potentially detrimental to the system. This has been well enunciated in the WHO Report 2000[1] and has been noted in the Commentary in this month's SMA News. The WHO Report has not reported correctly on our health benefits but they are right as far as doctors in public service doing private work is concerned. This may explain why the health care delivery systems in many countries in the Asia Pacific Region are still inadequate. Will Singapore be making a retrograde step? The alternative option of paying doctors well enough for them for their commitment and public service may be a better alternative.

ACTION, WORK AND LABOUR

On a more philosophical note, Hannah Arendt, who was quoted by Ian McWhinney in his textbook of family medicine[2], noted that there are three kinds of human activity, namely, action, work and labour.

Action is the highest form of human activity. It is rewarding in its own right. It is a self-expression. Doctors have many opportunities to have that intrinsic satisfaction from action that make a difference to the patient's lot. The biggest reward is not money but the intrinsic feeling of having improved the life of others. Although, the writer did not say it, to my mind, holding public office and being ministers also belong to this category of activity.

The next level of activity is work, which has an end product. It still has an element of self expression. One can put something of himself or herself into the product. There is such a thing as a sense of satisfaction from having done a good day's work and also the notion of a fair day's pay for a fair day's work. A quotation by Ronald Blythe, which is found on the same page of McWhinney's book, described how ploughmen used to work in the old days. The quotation captures the spirit of the pride in one's work to ensure the plough cut the earth in straight rows.

" ... men worked perfectly to get this, but they also worked perfectly because it was their work. It was theirs."

(Ronald Blythe, 1969)

Big deal, you may say, but pride in one's work, however humble, should be applauded.

Then we have labour as the activity that has the least opportunity for self expression and the person produces nothing that is his own. Labourers labour. In the mundane tasks they find meaning in opportunity for fellowship, as when labourers share danger, or sing together as they work. Some of the doctors' tasks, I think belong to this category of activities.

The house officers will tell you this is often how they feel. They labour. That was also how I felt when I was a house officer. Yet there is another perspective that I did not discover until some twenty years later. I meet many people on the road who identified themselves as having been looked after by me or had their loved ones looked after by me. They thanked me profusely. To be honest, I do not have any

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recollection of those events, suffice to say that the events happened long ago. The dating comes from them telling me of the ward that they were in. So if the events happened in TPH or KKH, it was my house officer year. If it was in SGH, it was circa 1973-1975! So, what I saw as labour and mundane then and the tasks I dismissed as such were obviously not so in the eyes of these people. Even the most mundane work had a bigger meaning to those whom we served, as I realised in my ageing years. Perhaps, this is the ultimate meaning of being a doctor that money cannot give. Maybe, this is what motivates us to be good doctors.

"Do we help the man in the street to make the best use of his limited health dollar or help him to squander it on some needless thing or service?"

ALTRUISM AND MONEY

Dr Loh Keh Chuan's editorial in the Medical Digest of TTSH[3] makes a pertinent observation. He said, "In this materialistic and elitist society of ours, the quantum of financial remuneration of a particular profession serves as the yardstick for the relative import of its contribution to the society at large. Yet we all know the remuneration of doctors in general lags far behind those of the administrators and many other professionals from the public sector. Although money is not everything in life, how can we best ensure an equitable spread of talents in the public institutions to continue with good clinical research and teaching? Are doctors supposed to be a special breed of altruistic individuals answering to a noble calling alone?..."

He goes on to say, "Whilst it is inevitable that the medical profession will metamorphose over time, our future may not spell all doom and gloom if we could stand united to improve our lot, and that of our future generations, if all of us can forgo our differences for a common cause. For a start, we should not let turf wars, nasty altercations, unethical practices, etc mar our profession and relegate our role in the society."

Well said. Let me take the reflection further. Society expects the doctor to adopt a social role of being caring and altruistic. In return, it accords trust and respect that money cannot buy. So, where do we go from here? We should begin by asking society the question of what is the icon of success. Is it money and lots of it? Or, is it having lived our lives such that we touch the lives of many that we meet daily in our lifetime and make a difference for them in a positive way? We should spearhead a moral paradigm shift.

On the plane of being health care providers and that include those who sell various health products, we need to ask this fundamental question, "Do we help the man in the street to make the best use of his limited health dollar or help him to squander it on some needless thing or service?"

There is a way of marrying altruism and money. We need to earn enough to pay for the essentials and beyond this subsistence level, reach a comfort level of living for ourselves and family members because doctors too, being human, aspire for themselves and their family members some level of comfort on this earth. Beyond that, the returns of more and more money as reward and motivation to practice medicine really depend on the value system of individual doctors.

Money should remain a hygiene factor. It should not be allowed to permeate into our medical ethos to be the measure of professional success or a measure of a doctor's worth. The practice of medicine is larger than that. ■

References

1. *WHO Report 2000*
2. *Ian McWhinney. The doctor's work. In: Textbook of Family Medicine, 2nd edition, 1998. Oxford: OUP, page 20.*
3. *Editorial. Medical Digest, TTSH, Apr-Jun 2000*

◀ *Page 3 – Reading "the World Health Report 2000, Health Systems: Improving Performance*

Point 3

The really poignant point is that which astutely describes the unholy triad of black market, malfunctioning health systems and lowly paid health workers. I have seen for myself how this can function in a nearby country in which state specialists are paid less than farmers, medical schools open and shut for years, grossly understaffed hospitals are the norm and the resulting evening black market clinics flourish in the heart of a capital city.

Point 4

Sometimes, public sector providers think they function on a different plane from private ones and they can commit no sin. In some countries, they can advertise and tout while private ones cannot. Sometimes in the name of informing the public of medical advances, they may even grant self-aggrandising interviews. Others in the past have mission statements that are nothing short of self-laudatory. I am happy to say that the field here is largely a level one, although I know some will disagree with me on this point.

The above four points are given not in bureaucrat-speak but in stark, simple English. To me, these four statements contain many gems of wisdom. It is easy to devise formulas and indices. It is also easy to do rankings. We can agree or disagree with these things. But some epiphanies, though unsupported by numbers and studies, are too compelling to ignore.

These are the reflections distilled from years of observation and understanding. We will do well to heed their advice and avoid these failings. ■

The Hobbit, 30 Jun 2000

Editor's note: On 29 June 2000, The Straits Times reported that the Health Minister, Mr Lim Hng Kiang "disagrees with the WHO report's placing Singapore in the 101st position when it comes to how much a person needs to pay himself for healthcare. He felt that the low ranking resulted from WHO not understanding the Singapore system. He said "WHO considers it fair if you contribute to a social-security system and then can draw on it when you have a health problem. Our Medisave works this way, but WHO classifies it as an out-of-pocket payment"."