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# SMA NEWS

## The Challenge of Improving Healthcare in Singapore



**M**r Lim Hng Kiang, Minister for Health inaugurated the National Healthcare Group (NHG) on 20 November 2000. He recalled the key turning point in our healthcare system - the achievement of good public health, the emphasis on personal responsibilities, the financing framework of the 3 “Ms”, the development of our manpower resources and the continuing restructuring and integration of healthcare institutions. He then touched on the present restructuring exercise of the polyclinics and the links that must be forged with the hospital systems. He concluded by outlining the three challenges facing the two clusters namely the emphasis on primary and secondary prevention, service to subsidised patients and thirdly, on training, teaching and research.

### GOOD PUBLIC HEALTH

On the first key turning point, he said, “We tackled the basic parameters. We improved the living conditions, public health and nutrition, and we adopted sensible preventive measures. Proper sanitation, clean water, safe work places, all contributed hugely to prevention of illness and accidents. The mass vaccination exercises for our newborn babies and school children keep debilitating infectious diseases at bay. By working together to eliminate breeding places for mosquitoes, malaria and dengue, which used to be endemic in

Singapore, were brought under control. Such vigilance continues even today.”

### PERSONAL RESPONSIBILITY

“Second, we emphasised personal responsibility. Now the major killers are non-infectious ones, such as cancer, heart diseases and cerebrovascular diseases. Collectively, they account for more than 60% of deaths in Singapore. Such diseases can be prevented and managed if we adopt sensible lifestyles. It is not so difficult - don't smoke, eat sensibly and in moderation, exercise regularly and manage stress.”

### FINANCING FRAMEWORK

“Third, we put in place the right financing framework for healthcare. We implemented the 3Ms - Medisave, MediShield and Medifund, founded on the principles of

personal savings for healthcare, risk sharing for catastrophic illnesses and safety nets for the needy. Together with the principle of co-payment, even for the heavily subsidised wards, they reinforced the sense of personal responsibility in the usage of medical resources.”

### HUMAN RESOURCES

“Fourth, we concentrated on our human resources. The high standard of healthcare in Singapore is largely attributed to our dedicated staff. You can build new hospitals, you can buy expensive medical equipment, you can order the latest drugs. But to deliver high quality healthcare at an affordable cost requires a highly trained and motivated management and professional team. We have built up such teams over the years. This is our most valuable asset.”

### About NHG “ADDING YEARS OF HEALTHY LIFE”

The National Healthcare Group, also known as NHG, was incorporated in March 2000. The Group manages four Hospitals, two National Centres and a chain of nine polyclinics: Alexandra Hospital (AH), National University Hospital (NUH), Tan Tock Seng Hospital (TTSH), Institute of Mental Health/Woodbridge Hospital (IMH/WH), National NHG Polyclinics (NHGP). In addition, the NHG also includes a joint venture between Johns Hopkins and NUH to form the Johns Hopkins-NUH International Medical Centre in October 2000. The Chairman of NHG is Mr Michael Lim and the CEO is Mr Tan Tee How.

NHG is a full-service healthcare group which offers the entire range of specialities such as Neurology and Neurosurgery, Oncology, Cardiology, Obstetrics and Gynaecology, Ophthalmology, ENT surgery, Paediatric medicine and surgery, Geriatric medicine and many other specialities. It also places strong emphasis on health screening and chronic care programmes, and community and education programmes.



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# We can Minimise Errors

## EFFORTS TO IMPART KNOWLEDGE AND SKILLS

The first intensive course on medical negligence organised by the SMA CMEP saw a participation of more than 100 doctors and medical administrators. This reflects the felt need for such courses amongst the medical profession. Prof SY Tan, Professor of Medicine and Adjunct Professor of Law was the course organizer and chief course instructor. Accolades from all participants testify to the interesting way that he conducted the entire course. Prof SY Tan will be enlarging his set of lecture notes and publishing them as a book for the Singapore practitioners. He has given SMA the copyright of the book. We are grateful for his goodwill and kind gesture.

Next year, the SMA CMEP will be organising a series of seminars on Law & Ethics. This will be held at Tan Tock Seng Hospital on every second Thursday of each month, beginning in Jan 2001. Details of the seminars are available on the SMA Website, [www.sma.org.sg](http://www.sma.org.sg).

To be forewarned is to be forearmed, so the saying goes. Medical Negligence is no exception. Medical negligence litigation is costly, complex, emotionally charged,

publicized, socially-divisive; it is lengthy, distressing, taumatizing and crippling so. Often, even when the doctor wins, he has already lost in other ways.

## SYSTEM FACTORS

Individual efforts may not be enough defence. System factors may turn out to be more important, although less obtrusive in our minds. These have been rightly called the "blunt factors" in contradistinction to individual factors which are called the "sharp factors". We are quick to blame the individual but may overlook the circumstances that are contributory or may even be crucial in preventing the doctor from committing a fatal error.

In working towards reducing medical errors, we therefore must pay attention not only to individual factors but pay even greater attention to system factors.

## PATIENT'S INTOLERANCE

There is no doubt that patients today are increasingly less tolerant of anything less than a smooth outcome. The nature of cases received at the subordinate court reflects such an attitude. Failure of sterilisation, delayed diagnosis of appendicitis resulting in the need for

two operations subsequently and incomplete removal of gallstones are now seen by patients to be good enough grounds to sue a doctor. Of course, whether they will win or not depends on whether the doctors concerned have taken reasonable actions in caring for their patients. The point however, is clear. Doctors need to be on their feet, be safe, be competent, and take reasonable precautions.

## SMA'S STRATEGY

The leadership in SMA has on its agenda, plans to empower doctors, rank and file, to prevent errors. We need to know how to practise safely and competently. We will also assist our doctors by providing the necessary advice should patient decides to sue. Finally, we will also step up the mediation work that the SMA Ethics Committee is now doing. Doctors should make sure that patients are given enough information about risks so that every consent for a procedure is an informed one. Informed patients will have less grounds to sue. A starting point for a doctor is to be better informed about medical law and ethics. We would like to see you at the Ethics Seminar next year at Tan Tock Seng Hospital. ■

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## The Restructuring of the Polyclinic Services

At the launch of NHG, the Health Minister announced that the NHG Jurong Polyclinic would be launching a pilot night clinic in January 2001. The opening of polyclinics at night will provide lower income Singaporeans the convenience of medical attention at night, instead of having to wait until the following day. Mr Lim said that "if this pilot project is successful, we will consider setting up night clinics at other polyclinics with high demand. NHG will release details of the pilot project in due course."

The objective of restructuring of polyclinic services is to facilitate the Government's effort to further expand the provision of primary healthcare services, so that lower income Singaporeans will continue to have access to good and affordable primary healthcare. The Minister assured GPs that the government has no intention of crowding them out of the primary healthcare market. The Ministry recognised the importance of improving the employment terms of polyclinics so as to attract some GPs back to work in the public sector. Twelve GPs would be joining the NHG Polyclinics from January next year.

"With the additional resources, the polyclinics will be able to improve its services to the public. They should actively expand its range and level of services. With the flexibility and autonomy they now enjoy, they should also reorganise the workflow and change the operating parameters, to provide even better services to Singaporeans."

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### **RESTRUCTURING OF HEALTHCARE SYSTEM**

“Fifth, we have restructured our hospitals in order to improve efficiency. Restructuring, first tried out in the mid-80s, freed hospitals from the constraints of civil service rules. Together with an output-based hospital funding system, which paid only for work done, it allowed hospitals to improve their efficiency and serve their patients better. The recent introduction of casemix funding will strengthen the incentives further, and encourage hospitals to make better use of their resources”.

With the success of previous restructuring exercises, the next logical step was to complete the exercise by restructuring Alexandra Hospital and Woodbridge Hospital, the last two remaining Government hospitals, and the Government Polyclinics. I am happy to see that the preliminaries having been completed, these institutions now enjoy the same autonomy as other restructured institutions”.

### **ASSURANCE TO GPs**

He assured GPs that “The Government has no intention whatsoever of crowding them out of the primary healthcare market. Our aim is to ensure that lower income Singaporeans will continue to have access to good and affordable primary healthcare. In expanding their services, the polyclinics will ensure that they keep to the 25% limit that has been set in the 1993 White Paper on Affordable Healthcare.”

### **INTEGRATING HEALTHCARE ACROSS THE CONTINUUM**

He emphasised the importance of integrating the hospitals and polyclinics in the two clusters. “The traditional approach of developing hospitals and primary care clinics as individual entities results in the fragmentation of patient-care. Once the family doctor has referred a patient to the specialist, he often hears very little about the progress of the care given to his patient. At the hospital end, after treatment by the specialist, he often has difficulty discharging the patient back to primary care physician for subsequent management. On occasions

when patients are discharged back to the family physician, the family physician may not know the full details of the patient’s medical condition.

Placing primary care clinics, hospitals and national centres under the management of the two clusters is just the first step in integration. Clinical protocols must be developed, and information systems set up to facilitate this. Administrative processes must be refined to provide the patient with seamless care.”

### **MEETING THE CHALLENGES AHEAD**

He then went on to outline the three challenges facing the two clusters - that of primary and secondary prevention of diseases, service to subsidised patients and thirdly training, teaching and research.

### **FOCUS ON PREVENTION**

“First, they should and can play a greater role in the area of primary and secondary prevention. The 1998 National Health Survey indicated that 9% of adult Singapore residents are diabetic. Out of these, almost two-thirds did not even know that they had diabetes. If left undiagnosed and untreated, many will develop complications such as heart disease, stroke, kidney failure, blindness and limb infections. Apart from the human suffering this would cause, it would also result in costly downstream medical interventions. The same could be said for other chronic diseases like high blood pressure, and high blood cholesterol if they are not well managed.

What this indicates is that more must be done to identify those with higher risks through screening, so that they would know early that they have such chronic conditions. When they are found to have these chronic diseases, proper treatment can be prescribed, and appropriate dietary and lifestyle counselling given to prevent the onset of complications. The large number of private GPs and well-trained polyclinic doctors are ideally suited to provide such care. If done properly, it will have a significant impact in reducing our disease burden in future years.

### **FOCUS ON SERVING SUBSIDIZED PATIENTS**

“Second, the clusters must continue to

focus on serving subsidised patients well. About half of all acute hospital beds in Singapore belong to the heavily subsidised wards of B2+, B2 and C. Middle and lower income Singaporeans know that should they have the misfortune of being struck by an illness, they will be able to avail themselves to basic, but good healthcare in our restructured hospitals.

This aim has not changed with the restructuring of the last Government hospitals. The clusters must continue to be vigilant in cost control in the midst of rapidly advancing medical science, and to introduce new diagnostic tests, drugs and treatments only when their value has been proven.”

### **FOCUS ON TRAINING, TEACHING AND RESEARCH**

He emphasised the importance of providing “the institutional support to our doctors and healthcare professionals to ensure that not only are their skills constantly upgraded, these skills are passed on to the next generation. Unlike the private sector, many doctors remain in the public sector because of opportunities for training, teaching and research. The advancement of medical knowledge is so rapid that without institutional support in terms of time off, or funding for these activities, doctors will find it difficult to keep abreast of such medical progress.”

### **ADDING YEARS OF HEALTHY LIFE**

He concluded by noting the NHG motto of “Adding years of healthy life “ and said, “we have made great strides in health outcomes since our independence. In particular, we have succeeded in preventing the spread of infectious diseases. Because the main killers today have shifted to lifestyle diseases such as cancer, stroke and heart diseases, we have to adopt a different strategy.

Organisationally, we have grouped the public hospitals and Polyclinics into two clusters. With clustering, they would be in a better position to move towards providing much more integrated care to patients. Seamlessness should be a goal for both clusters, so that the whole patient experience could be more pleasant, and more conducive to patient recovery.” ■