SARS and Shorvon: The 2 S

Forcing a Re-look at Our Healthcare System

By Dr Tan Wah Tze (MBBS, 1998)

The recent Severe Acute Respiratory Syndrome (SARS) crisis in Singapore and the Shorvon debacle serve as focal points for a re-look at our healthcare system.

HOSPITALS OR HOTELS?

In the late 1980's, the Government started the process of restructuring all its acute hospitals and speciality institutes to be run as private companies wholly-owned by the government. The idea then was to enable the restructured hospitals to have the management autonomy and flexibility to respond more promptly to the needs of the patients. In the process, commercial accounting systems have been introduced, providing a more accurate picture of the operating costs and instilling greater financial discipline and accountability. The restructured hospitals are different from the other private hospitals in that they receive an annual government subvention or subsidy for the provision of subsidised medical services to the patients. They are to be managed like not-for-profit organisations. The restructured hospitals are subject to broad policy guidance by the Government through the Ministry of Health (MOH). In 1999, the public healthcare delivery system was re-organised into two vertically integrated delivery networks, National Healthcare Group (NHG) and Singapore Health Services (SHS). *[Source: MOH website http://app.moh.gov.sg]*

As a result of the restructuring process, public-sector hospitals are now operating with an American-like corporate structure. Every hospital now has a Chief Executive Officer (CEO) with a supporting team of administrators. Doctors and nurses are now seen as subordinates of the administration, and patients and visitors are seen as customers. This has led to our hospitals being managed as "pseudo-hotels" and is responsible for the many ills plaguing our healthcare system today. The SARS crisis has further shown that this system of hospital management is flawed and needs to be corrected without delay.

I was warded in a public-sector hospital in the early 1980's for a minor elective surgery. I remember that visiting hours was strictly enforced during my hospital stay. The number of visitors was also restricted. The restructured hospitals of today still have restricted visiting hours, but it is not enforced. Visiting hours exist in hospitals for many reasons. First, it enables patients to get rest, which is needed for recovery. Second, it minimises the possibility of transmission of diseases. Communicable diseases can spread to the patient from the visitor, or vice versa. The recent SARS crisis is a good example. Some visitors who came down with SARS were visiting non-SARS patients, but were in the same vicinity as SARS patients (who were not identified yet). The fact that visits were still allowed initially to SARS patients had contributed to the spread of the disease.

In the article, "Ugly hospital visitors abuse staff" *(page H1, The Straits Times, April 16 2003)*, Ms Low Beng Hoi, Director of Nursing, Alexandra Hospital, said, "Visiting hours were quite lax in the past..." So, why is the enforcement of visiting hours lax? It is the fault of the administration. Nurses who try to enforce visiting hours are sometimes abused verbally. Some visitors or patients even write in to the administration to complain. Instead of supporting the actions of the nurse, the administration apologises to the person who made the complaint and admonishes the nurse.

However, with the SARS crisis, strict enforcement of visiting hours and restriction of the number of visitors become more crucial than before. MOH has in fact taken the measure of not allowing any visitors to restructured hospitals, except under certain circumstances. However, the hospital administrators have their own interpretation of the "No Visitors" policy of MOH. "Customer satisfaction" seems to be a priority instead of protecting our national interest. I still see visitors around the hospital everyday. Enforcement of visitation restrictions is still lax despite the MOH policy. This is happening because of the same reason as stated in the paragraph above.

Ugly hospital visitors abuse staff everyday. This everyday occurrence is highlighted in the media only recently because of the SARS crisis. For the administrators, pleasing the "customer" is more important than supporting our own staff. This is wrong. Allow me to make some suggestions:

- Visiting hours should be stated in big letters on big signs and displayed in a prominent location in all wards.
- All wards should be locked during the night, with access given to staff on duty holding security cards.
- Security officers should be used to enforce visiting hours so that the nurses are free to concentrate on patient care. These security officers are to be present round the clock and perform patrols of the hospital grounds and wards. There should be no hesitation to contact police officers when abusive patients or visitors are encountered.
- Last, but not least, administrators are to stop fawning and apologising to anybody who abuses our staff.

We need to ask ourselves why are our hospitals turning into "pseudo-hotels"? The source of the problem lies in the fact that non-doctors are running our hospitals. We have administrators running the hospital in the form of the CEO and a supporting horde of administrators. The original aims of restructuring were to instill greater financial discipline and accountability in the hospitals. Compromising patient care was not one of the aims, but compromised patient care is what is happening now.

Currently, being servile to "customers", beautifying the landscape and aesthetic renovation of public access areas take

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About the author:
Dr Tan Wah Tze (MBBS, 1998) is a Medical Officer in the National Healthcare Group.

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precedence over proper patient care, staff welfare, purchasing of necessary medical equipment and upgrading of medical facilities. Under the management of administrators, our hospitals have been turned into "pseudo-shopping centres" and "pseudo hotels" with unrestricted flow of human traffic, promoting the spread of an infectious and communicable disease like SARS. As the administrators are lay-persons, they do not know how to react appropriately during a medical crisis, such as the current SARS outbreak. To make matters worse, they insist on dictating simplistic, flawed and sometimes conflicting patient care policies to the doctors and nurses. This is equivalent to a blind-man giving directions to a racing car driver. This model of hospital management is dangerous and must be stopped immediately. The management of hospitals must be led by doctors and nurses, with the administration serving only a support role.

LET'S PAY OUR NURSES MORE

With the streamlining of the administration, substantial cost savings can be realised. The cost savings should be channelled to improve the remuneration of our nursing colleagues. The SARS crisis has highlighted the fact that the pay of the nurses is grossly inadequate for the risks they take and the sacrifices they make in their daily delivery of patient-care. Even the public is supportive of giving the nurses a pay rise *("Let's pay our nurses more", page 20, Forum, The Straits Times, April 16, 2003)*. Our nursing colleagues are professionals in their own right, and they deserve a much better remuneration for their daily risks and sacrifices.

Hospitals in Singapore face a shortage of nurses, even before the SARS crisis. With the current SARS crisis, this shortage has become critical as some of those affected by SARS are nursing staff. SARS has touched nearly every restructured hospital except one, Alexandra Hospital. Everybody now prefers to go to this hospital because it has been advertised as the only SARS-free restructured hospital in the media. At the time of the writing of this article, the manpower situation in this hospital is stretched to breaking point by the sudden increase in patient load. Fortunately, there are very dedicated nurses who pull double-shifts and have their off-days postponed so that patient care is not compromised. Doctors, pharmacists, radiographers and other allied healthcare workers are working just as hard too. However, this cannot go on indefinitely. The human body is subject to fatigue. Fatigue can lead to errors, causing harm to patients. The solution of the administrators was to extol the healthcare workers to "work harder". This is absolutely useless and illustrates the failure of the administrators to grasp the reality of the situation on the ground.

The real solution is to halt admissions when the staff-to-patient ratio has exceeded the safety level, especially the nursing-staff-to-patient ratio. Admissions should be based on the availability of a safe nursing-staff-to-patient ratio rather than the availability of physical beds. Failure to appreciate this fact can lead to potential medical errors occurring, as nurses are over-stretched. In addition the laboratory, radiology and pharmaceutical departments are also over-stretched. What is the use of admitting so many patients when the hospital cannot provide for their care safely? Who gets the blame if the patient suffers harm from system and individual fatigue? The SQ006 incident serves as a good illustration that some authorities are always ready to blame the operators on the ground (pilots, doctors, nurses) for any error that occurs, although there are other obvious factors and circumstances that contributed to the error. Under the current hospital administration system, the Chief Executive Officer should be held solely responsible for any error that occurs as a result of faulty administrative policies.

MEDICAL ETHICS – DO NO HARM

Now, let us look at another recent headline news in our local media. The National Neuroscience Institute (NNI) commenced operations on 1 June 1999 as the national specialist centre for the management of patients with diseases of the nervous system. *[Source: NNI Website http://www.nni.com.sg]* Professor Simon Shorvon was appointed as the Director with effect from 1 December 2000, taking over from Professor Johnson.

Professor Shorvon was sacked recently for breaching research ethics in a clinical study. Why the fall from grace? He had apparently accessed patient records to recruit study participants without the patient's or the attending physician's consent. It seems that he was able to access the records because he was a "senior doctor" and no one could afford to turn down his request. According to the investigative report, he had given the study "participants" grossly inappropriate experimental doses of drugs, and videotaped them without their consent. It is fortunate that Prof Shorvon's actions did not result in the death of any patient.

We need to ask ourselves why Prof Shorvon was allowed to get away with this breach of ethics for a substantial amount of time before the whistle was blown. Is it because of our Asian subservient mentality that our senior is always right? Was that the reason why he was not stopped earlier? In this day and age of evidence-based medicine, we cannot afford to have this mentality.

Unfortunately, breach of ethics is not confined to medical research. It occurs in the everyday practice of medicine in Singapore. Sadly, this breach sometimes results in the death of patients. Doctors must not be allowed to practise questionable medicine, or surgery, just because they are senior. I have personally witnessed a laparoscopic cholecystectomy that went on for six hours. This is totally unacceptable, yet it occurred because the surgeon was a consultant and his malpractice went unchecked, just like Prof Shorvon. Such malpractice must stop.

Questionable patient management must be challenged at every level. Every hospital's medical and surgical department should be cross-audited by an equivalent department from another hospital to ensure that patient care is not compromised. This also ensures that errors and mistakes are not covered up within the department. Doctors found to have questionable practices should be reported to the Singapore Medical Council or the Ministry of Health.

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The Singapore Medical Council and Ministry of Health should take all reports of malpractice seriously, especially if it comes from another doctor. No matter whether the report comes from a House Officer or a Professor, it should be taken seriously and investigated thoroughly. If deemed necessary, the doctor in question must be barred from further practice. All persons involved who failed to check the errant doctor and who looked "the other way", are guilty of being accessories to the harm or death of the patient.

Patients trust us with their lives in coming to the hospital to be treated, and we must not let them down. Although they may just be "another patient" to the doctor, but to their family, they are someone's husband or wife, father or mother or grandparent, or uncle or auntie. We must treat all patients as we would treat our relative, and not just as "another patient".

CONCLUSION

It has been more than a decade since the start of the restructuring of our public healthcare services. Public hospitals are for the provision of good and affordable basic medical services to all Singaporeans, delivered without frills. *[Source: MOH website http://app.moh.gov.sg]* Although the original intentions were good, we have unfortunately deviated from the path. When we allow administrators to manage hospitals and senior doctors to practise without checks, disastrous consequences occur. This article is neither an exhaustive account of all the ills of our healthcare system, nor is it an exhaustive list of solutions. Rather, it serves to highlight that things are not right, and that we need to take immediate corrective measures. The SARS crisis and the Shorvon debacle serve as a wake-up call. We need to make the necessary corrections to our healthcare system now, before it is too late. ■