Kill Hospital Bill: Volume One

By Dr Toh Han Chong, Deputy Editor

THE LAST SAMURAI

Once as an internal medicine trainee at Alexandra Hospital, my then-registrar imparted to me one of his many words of wisdom, "Han Chong, a doctor on call is like a samurai prowling around the silent night fighting disease. When he finds it, he pulls out his Oxford Handbook of Medicine to battle like a samurai sword. His hands become an ultrasound probe, able to detect the most subtle of enlarged gall bladders, just like my hands.....haiyaaayeeeoooowww!"

The name "samurai" means "one who serves", which is also the creed of the physician. Reflecting on the SARS epidemic of 2003, it struck me that healthcare workers in the frontline of the SARS battle in N95 masks, OT *baju* and full PPE (Personal Protection Equipment), resembled the fearless samurai. While comrades were falling to this mysterious viral enemy, these medical samurais fought on tirelessly, upholding the honour of an ancient profession. And like the samurai warrior, there will always be the Good, the Bad and the Ugly. Samurai leaders for centuries have inspired samurais to honour their ancient code of *Bushido* and follow the noble path. The sacred art of *kendo* swordsmanship and not too much wasted swordplay or *wayang*, will direct the way of the warrior.

The new Acting Minister of Health, Mr Khaw Boon Wan, has proposed two levels of healthcare, one for the general public or "*Corolla* medicine", and one for private patients called "*Lexus* medicine". Samurai soldiers of fortune will provide private *Lexus* protection for the affording locals and nearby affluent villages, towns and cities. There are potentially 500 million clients in ASEAN alone, and the aim is to attract one million foreign patients in ten years. The samurai army serving the local villagers will provide *Corolla* care – streamlined no-frills care, the *Toyota* way. The message from the Ministry of Health (MOH) is, "There is no free lunch. You get what you pay for and we will help out too." The public must be thinking, "The *Corolla's* fine, as long as it is not a second-hand lemon that breaks down too often."

But why push *Lexus* care? Health tourism is no small money these days for the national piggybank. Singapore samurais famed for their swift, safe, sound, and solid skills now compete with the likes of *Ong Bak, Muay Thai Warrior*. Ennobled with Thai grace and power, and American know-how, *Ong Bak* is muscling into the Asian health tourism market with sleek value-added private hospitals like Bumrungrad Hospital, which serves Starbucks coffee and surgery with Oriental charm.

SEVEN SAMURAIS

Public healthcare cost is a complex and emotive issue written about many times by true authorities. This inexpert article is written by a doctor who grew up on samurai and *pontianak* movies, and who has had the privilege of seeing three national healthcare systems in action.

In the Land of the Rising Sum, streamlining *Corolla* care includes cutting down potential waste in public healthcare. Public healthcare is not simply *Corolla* care. There are also L*exus care* and *Formula One* care, either as private specialist care or part of cutting edge programmes in academic medical centres. Such "fast car" care is normally in partnership with dynamic private industry and research agencies.

Much of Singapore's public hospital care is done by large academic medical centres today. Management guru Peter Drucker calls academic medical centres "incredibly difficult to manage. There are so many constituencies, so many purposes." Dr Michael Bishop, Nobel laureate and Chancellor of the University of California, San Francisco, says that "academic health centers are inherently inefficient even when aggressively managed." Looking after the masses (80% of Singapore's hospital care), creating intellectual and commercial value from heavy investments and providing *Corolla, Lexus* and *Formula One* (jet-fuelled frontier Medicine) care are all thinly wrapped in these large public medical popiah attempting to be all tastes to all men. It is not easy for such medical centres to wear the very tall social mission hat, the very heavy R and D hat, the mortar-board teaching hat, and the neon-lit for-profit hat, all at the same time. Conversely, private medical centres focus aggressively on *Lexus* care to their clients.

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The new Minister's comparison of Singapore healthcare to the world's most profitable auto company may be no coincidence. The *Toyota* method includes a term for waste called *muda*, which defines "activities that add cost, but do not add value." Today, 30% of direct healthcare spending in the U.S. is due to overuse, misuse or waste. Famed *Toyota* chief engineer Taiichi Ohno described the seven *mudas*, or wastes, peppered here with healthcare examples.

Overproduction and delay The creation of products and technology that create demand but may not really be needed. Drug companies pump in billions in R and D but many new drugs today are "just another new-but-no-better kid on the block" given extra gloss with US$2.5 billion worth of snazzy marketing.

Waiting Treating disease is knowledge, labour, technology and time intensive. The movie "Kill Bill: Vol. 1" illustrates how slicing off a head of a person is a lot quicker than putting it back again. Reaching down into the abyss to rescue patients from mental or physical illnesses can be hard, and the outcomes not always ideal. Doctors and nurses are often stretched in the public health services. Empowering gatekeeper samurais in the primary care frontline may filter some of this load off hospital doctors. Preventive medicine is another clarion call to reduce serious illness rates.

Transporting Transporting goods, services and information faster in the digital age can cut waste and cost in healthcare. Streamlining healthcare delivery, enhanced by state-of-the-art IT, would maximise conveyor belt *sushi* restaurant-style efficiency without affecting *sushi* quality.

Inappropriate processing This is using a sledgehammer to crack a nut. Using high technology and treatments for marginal gains is an increasing issue in modern medicine. In the U.S., over-prescribing of drugs such as sedatives and analgesia is common. Branded drugs are also being pushed even though generic drugs have proven to be as good in some cases. But Big Pharmas exist to make money and the social responsibility of allowing cheaper generic drugs to cut hospital bills is not their *pasa*. Once their patents run out in the next five years, Big Pharmas stand to lose US$30 billion to generic drug companies.

Unnecessary inventory "Just checking again" *kiasu* medicine is rising in a world where the best clinical judgement is often clouded by legal fear. This costs US$100 billion. Medical investigations account for 50% of healthcare costs in the U.S. where it should ideally only account for 10%. The average American doctor pays over US$12,000 annually for malpractice premiums and one in three American doctors today is sued. So *kiasu* medicine prevails, otherwise patients and relatives may *kow peh kow bu*.

Defects Medical error is the eighth commonest cause of death. Cutting down on medical errors is a rigorous system of serious academic exams, serious mentoring, serious morbidity and mortality rounds, and serious watchdogging by medical regulatory bodies.

Excess motion Hospital merger moves in the U.S., meant to cut costs and improve patient care, may instead cause more bleeding due to excessive administration and transaction costs, pricey management consultation, and reintegration of IT. Bringing together clinical leadership in an uneasy arranged marriage between powerful scions may also lead to tensions and divisiveness, especially when one partner is losing more blood than the other.

So cutting down costs and waste can "kill more of the hospital bill". But *muda* aside, how sustainable are different models of healthcare?

LOVE ACTUALLY

When I was a medical student in the U.K., there were sweet little old volunteer tea ladies pushing their tea trolleys around to make a cuppa for the hospital inpatients. They would always have a kind word to say to the patients who were cheered by their afternoon rounds. The tea service was paid for by a hospital fund. With each passing year, the tea ladies got a bit more wrinkled, a little slower and more antalgic from osteoarthritis. The patients began to wait longer for their cuppa, and were becoming more restless for more than just tea with sugar. Those tea ladies remind me of the U.K.'s National Health Service (NHS), which is hitting menopause. The heart of the NHS, like the tea ladies, is truly in the right place. Universal healthcare purely from taxation to provide access and equity of healthcare for all has strong moral appeal, and is supported by three out of four Britons. But health demands are skyrocketing, chronic complex diseases are growing in an ageing population, and over one million frustrated Britons are on the waiting list for treatment. The NHS spirit may be willing to provide equity in health, but the flesh is getting weak.

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In an NHS dermatology clinic in 1988, I called into the clinic a slight man in a grey sweater, who had been sitting outside for over an hour. He politely asked me what I thought of the skin lesion on the palm of his hand, which turned out to be a viral wart. His name, Cesar Milstein, sounded familiar, and I asked if he was the Nobel Prize winner for the discovery of monoclonal antibodies. He was. Dr A Green, the skin registrar, then attended to him. On free healthcare, gracious Nobel prize winners might wait to see a medical student and a registrar. But waiting to be seen for a skin lesion is not the same as waiting for treatment of much more serious illnesses. Still, the collective commitment to the NHS may be reflected in that only 3% of adult Britons have bought private medical insurance. A new NHS initiative states that by 2005, no one would wait more than 13 weeks for an appointment and six months for hospital admission.

In March 2000, the British Government increased the NHS budget by 6.1% per annum over four years – a windfall. But can it catch up with the slippery slope of rising healthcare costs? Is this extra money going to be spread nice and even like sweet jam on toast, going to where it counts for the most? Survival rates for the major cancers in the U.K. have been lower than in many European nations and the U.S. Taking all possible factors into account, treatment differences was still a potential reason. Cancer patients have less access to oncologists in the U.K. than in the U.S. The NHS also spends less on cancer chemotherapy (5% of prescribing) than on laxatives – £68 million versus £77 million. Why is this so? Certainly the British are not as constipated as they are made out to be.

Even if the Government were to give the NHS Tea Lady a facelift and put her on rollerblades to increase her productivity, the basic structure is still osteoporotic and wobbly. The NHS Tea Lady could work with private providers to serve Starbucks coffee and provide more choices for the people who could add an extra penny for a mocha frappucino if they needed it. Partnering a younger, sexier and more transparent private sector to increase pluralism, greater choice, and access, may allow the well-meaning NHS monolith to better complete her tea rounds on schedule and feel she has really done a good day's work.

TEXAS CHAINSAW MASSACRE

America's US$1.5 trillion technology-savvy healthcare is built on a market-driven, voluntary health insurance system. For the needy, the Government-assisted Medicaid is meant to help the poor, but in some states, you have to be really dirt poor to get it. President George W Bush just signed a cash-heavy win-win Bill (it doesn't hurt that older folks might just swing the votes at the 2004 Presidential elections) to provide free access to prescription drugs for the elderly – a boon for Medicare in decades. The elderly with oil wells and beach homes in Kennebunkport, like the President's father, have to go through a means test before they can get free prescription drugs.

The founding spirit of the U.S. is self-reliance. In this great Nation of opportunity and 100 TV channels, you ain't gonna get money for nothing or chicks for free. Imagine if samurais defending a large town are managed by a World Wrestling Federation (WWF) muscleman by the name of Smokin' HMO Joe. He is so big that the townsfolk cannot even see the samurais because of his sheer size. Townsfolk who wish to be protected have to pay HMO Joe protection money, or take their chances at getting beaten up by the barbarian enemy. The more vulnerable pay more protection money. HMO Joe limits how many samurais and swordplay each paying townsperson gets when needed. If the people or the samurais protest – KKAPOWW! Trust between the samurais and the people fades. Each new month, HMO Joe suddenly has a new gold medallion around his neck, or a new gold Rolex. HMO Joe also loves to celebrate with his WWF buddy, The Masked Mutual Funds Conman.

About 25% of all U.S. healthcare expenditure goes to HMOs. But 44 million Americans are not insured (82% of these are working adults), rising health premiums discourage many employers from buying health insurance for their workers, and 35 million Americans live below the poverty level including 12 million children. Healthcare bills are the cause of 40% of personal bankruptcies per year in America. Ironically, paying for healthcare for poor folk has turned out to be expensive. There are cries that the U.S. healthcare is headed straight into a Perfect Storm and that some form of Universal healthcare lifeline must come to the rescue. A proposed American Universal healthcare system is estimated to cost US$1.5 trillion. A projected increase in personal income tax of 0.7%, or a sales tax of 1% can potentially pay for this. But this is unlikely to go down well in this Consumer-is-King-and-Choice-is-Everything Die-Die-Must-Try Land of the Can-Do Spirit.

PONTIANAK

As a child, I used to get scared watching movies where the beautiful long-haired lady in a flowing white gown turned her head around to reveal the grotesque face of the *pontianak*. All over the world, Big Government, the healthcare system and health providers, may be increasingly regarded by the public to be like *pontianaks* – in this case, attractive in front but scary behind. So, a culture of trust and transparency would renew public confidence. Doctors are not Gods, Monsters or *pontianaks*, just paid samurais doing their job.

How much of healthcare is the individual's responsibility and how much is it the State's? Too much of a free thing is usually taken for granted and is unsustainable. Too little of a free thing and too much of a *fee* thing will create more disparity and ghettos of neglect with diseases potentially running amok. In China, drastic market-driven health reform is creating two faces of healthcare, one gleaming and smiling, the other dark and frightening, like the *pontianak*. *Pontianak* healthcare arises when the Mother of Free Market goes too rapidly into premature labour and dies at childbirth. I am not sure what this last sentence means but it sounds *cheem* enough.

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Equity and quality health for all is hopefully no Pulp Fiction, otherwise senior political and medical leadership, and leading scholars, would be wasting their time getting such a fundamental need and right of the people to work. It cannot be a quixotic quest, a vote-buying political pawn, or merely an academic or economic end game. The Singapore healthcare system with an encouraging health outcomes report card does invite more individual responsibility and incentive not to overuse one's own healthcare, with some buffer for those who fall through the cracks. Verbally colourful local taxi drivers would likely hope that the Government continues to be responsive to inflationary changes, the changing face and practice of medicine, and changing health demands. The health dollar should focus on the most needy, where it matters the most and where the most difference can be made. The union of the Government and the People should be honoured both in Sickness and in Health, till Death do us part – For a Better Tomorrow. Watching the Bride getting massacred In "Kill Bill: Vol. 1", and then used and abused in her hospital bed was not easy. ■